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CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

MD

REPLY

1 Amos Cendali Jr

2 US Address

3 1112 Portola Av

4 Spring valley CA 91977

5 (619) 469-6045

6 Attorney, Pro se.

7
8 UNITED STATES DISTRICT COURT
9 SOUTHERN DISTRICT OF CALIFORNIA

10 AMOS CENDALI JR

11 PLAINTIFF

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13 vs

14 TREX ENTERPRISES CORP

15 DEFENDANT
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'07 CV 2323 LAB NLS

1 CIVIL No.

TRIAL BY JURY DEMAND

COMPLAINT, U.S.C 42 12101 CIVIL RIGHTS.

TITLE, RIGHT TO SUE FOR DISAVILITY
DISCRIMINATION.

& LONG TURM DISAVILITY INSURAN
ONTRACTUAL LEGAL OBLIGATION.
NOTICE, HEARING

2 DATE. TIME. DEP.

MOTION TO PROSECUTE, (1) & (2)

WILLFULY COMMITTING VIOLATION
OF PUBLIC POLICY.

CIVIL CODE 51, 54 . U.S.C. 42. 12101 ADA 1990
INTITLEMENT TO A JUDGEMENT, (3) & (4)
INTITLEMENT TO RELIEF, (5)

DEMANDING REFREANCE LETTER.

DEMANDING, INJURY REPORT DOI: 11-20-200

DEMAND \$1,000,000.00 MILLION.

CR

The initial Complaint filed on June 12, 2006 in the Superior Court of Cal, County of

San Diego, Hall of Justice 330 West Broadway, SD CA 92112

Civil Dep 69 Before The Honorable Jeffrey B. Barton, Filling Fee W, Lien, Case No.GIC867339

for Civil Rights & Private Insurance offered by Trex Enterprises Corp thru

Unum Life Insurance of America, Certificate of Coverage, The policy is delivered in & is

governed by the laws of the governing jurisdiction & to the extent appliable, Fed Law.

TITLE 28 PART IV CHAPTER 89 1441 (b) Right arising under the Constitution

FED RULES OF CIVIL PROCEDURE, Rule 81. Applicability in General, (c)

The intituled civil action is removed (transfer) to the United States district court from the state

court and govern procedure after removal (transfer) REPLEADING IS NOT NECESSARY

UNLESS THE COURT SO ORDERS.

In a removed (transfer) action in which the defendant has not answerd, the defendant shall

answer or present the othere defenses.

The Defendant diverted from answering to the (5) count charges,

Amos Cendali Jr Request the court for authorization approval to have the service of process

an Order to Compel the Defendant Trex Enterprises Corp to Answer the Charging Document

Pleading & Produce Documents in the Civil Supeona.

by the US Marshall or a person specially for that purpose, who shall make proof of service.

the fee for processing the service can go to the Case No. GIC867339 (Lien)

The following are the last 2 Court Rullings Superior Court Civil Dep 69

The hearing on 8-24-2007 tentative rulling (NOTE) In complaince with court rule 2900

Plaintif Amos Cendali Jr motion seeking prosecution for willfully committing violation of

public policy is off calamder for failing to file a proof of service showing service on trex

Enterprises Corp.

1 The hearing on 8-24-2007 Court Minute Order.

2 the court finds that it is appropriate to allow defendant time to file peremptory opposition
3 the peremptory was not documented on the court min order.

4 the court continues this hearing to 9-28-2007 at 9:00 am Dep 69 the Court sets the following
5 briefing schedule.

6 Opposition is due by August 31, 2007

7 Reply is due by September 14, 2007

8 Motion Hearing (Civil) continued to 9-28-2007 at 9:00 AM

9

10 The Tentative Rulling September 27, 2007

11 Event Date 9-28-2007

12 Event Type: Motion Hearing (Civil)

13 Causal Document Date Filed

14 (NOTE) Causal Document Was Filled on Sep 14, 2007

15 Tentative Rulling

16 plaintiffs Amos Cendali Jr motion seeking prosecution for willfully committing violation of
17 public policy is off calendar, The entire case was dismissed on April 24, 2007, and the Court
18 is without jurisdiction to heare this motion.

19

20 The hearing on 9-28-2007 Court Minute Order.

21 this being the time previosly set for oral argument on Plaintiffs Motion Seekin Prosecution
22 the Court heares oral argument.

23 the Court CONFIRMS the tentative rulling as follows:

24 plaintiffs Amos Cendali Jr motion seeking prosecution for willfully committing violation of
25 public policy is off calendar, The entire case was dismissed on April 24, 2007, and the Court
26 is without jurisdiction to heare this motion.

27

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CERTIFICATE OF COVERAGE

UNUM Life Insurance Company of America (referred to as UNUM) welcomes you as a client.

This is your certificate of coverage as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

UNUM has written your certificate of coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult UNUM's claims paying office. UNUM will assist you in any way to help you understand your benefits.

If the terms and provisions of the certificate of coverage (issued to you) are different from the policy (issued to the policyholder), the policy will govern. Your coverage may be cancelled or changed in whole or in part under the terms and provisions of the policy.

The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. When making a benefit determination under the policy, UNUM has discretionary authority to determine your eligibility for benefits and to interpret the terms and provisions of the policy.

For purposes of effective dates and ending dates under the group policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Policyholder's address.

UNUM Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

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8 **Trex Enterprises Corporation**

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11 **Your Group Long Term Disability Policy**

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13 **Policy No. 552549.011**

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22 **Underwritten by Unum Life Insurance Company of America**

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24 **10-2000 M8**
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1 Douse unum policy replace or affect any workers compensation or state disavility Insurance
2 the policy doss not replace or effect the requirements for coverage by any workers
3 compensation or state disavility insurance.

4
5 EVIDANCE EXHIBIT (2) Trex Enterprises Corp Termination Letter Dated 11-21-2003

6 EVIDANCE EXHIBIT (5) St Paul Insurance Accepted Liability WC Claim DOI:11-20-2003

7 EVIDANCE EXHIBIT (5) St Paul Ins, PD Initial base Check stube WC Claim DOI:11-20-2003

8 EVIDANCE EXHIBIT (8) Unum Life Insurance of America Original LTD Certificate Policy

9
10 After the Defendant Trex Enterprises Corp, answers to each specific count 1, 2, 3, 4, 5.

11 Amos Cendali Jr, Request to the Unite States District Court, Southern District of Cal

12 Magistrate Judge a Hearing

13
14 Approval of the Prosecution for Charges, (1) CC, 51 (2) CC, 54, ADA, 42 U.S.C. 12101

15 Willfully Committing Violation of Public Policy.

16
17 Intitlement to a judgment, (3) (4) .Right to RecovePenaltys

18
19 Intitlement to Relief, (5).Right to Recover Unum Life Ins of America Ins, Ben.

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21 Superciding Notification right to sue notice, Notice right to sue letter

22 Master remedys provided for violations of california civil code 51, 54, 42 U.S.C. 12101

23 Intitles Amos Cendali Jr, to recover for each offence for the actual damages and any

24 amounts as may be determined by jury, or the court sitting without a jury, up to

25 a maximum of three times the amount of actual damages but in no case less that

26 one thousand dollars (\$1,000),
27
28

1 I Certify, that chainges have been made & aditional Information is included & I
2 declare under penalty of perjury under the law of the state of california that the forgoing
3 is thru & correct.

4

5 Executed on 12-12-07 at San Diego, California.

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9 Respectfully submitted:

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Plaintiff Amos Cendali Jr

DATE 12-12-2007

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9 SOUTHERN DISTRICT OF CALIFORNIA

10 AMOS CENDALI JR

11 PLAINTIFF

12
13 vs

14 TREX ENTERPRISES CORP

15 DEFENDANT
16

× CIVIL No.

TRIAL BY JURY DEMAND

SUPERIOR COURT CIVIL CASE N. GIC867339

CIVIL RIGHTS, CC 51, 54, U.S.C. 42. 12101

INS PORTAVILITY BENEFIT CONTRACT.

RE PLEADING FROM 8-24-2007

NOTICE, HEARING

17
18
19 × DATE. TIME. DEP.

20 MOTION TO PROSECUTE, (1) & (2)

21 WILLFULLY COMMITTING VIOLATION

22 OF PUBLIC POLICY.

23 CIVIL CODE 51, 54 . U.S.C. 42. 12101 ADA 1990

24 INTITLEMENT TO A JUDGEMENT, (3) & (4)

25 INTITLEMENT TO RELIEF, (5)

26 DEMANDING REFREANCE LETTER.

27 DEMANDING, INJURY REPORT DOI: 11-20-2003

28 DEMAND \$1,000,000.00 MILLION.

Amos Cendali Jr
1112 Portola Av
Spring valley CA 91977
(619) 469-6045
Attorney. Propia Persona.

SUPERIOR COURT OF THE STATE OF CALIFORNIA
OF THE COUNTY OF SAN DIEGO

AMOS CENDALI JR
PLAINTIFF
vs
Trex Enterprises Corp
DEFENDANT

Title. Right to Sue for Disavility Discrimination.
DEFH. E200405100384-00-p
Case No. GIC867339
Complaint filled June 12 2006
Assigned to The Hon Jeffrey B. Barton.
On the Rec Trial by Jury Jury D. (Y)
Trial Date: Trial Time: Dep 69
Prosecution Date: Est Time: 2Hrs.
Court Reporter Requested (Y)
NOTICE. MOTION HEARING
SEEKING PROSECUTION
WILLFULY COMMITTING VIOLATION OF PUBLIC F
CIVIL CODE 51. 54.

NOTICE. to Trex Enterprises Corp 10455 Pacific Center Court. San Diego CA 92121, (858) 646-5300
and Sheppard Mullin Richter & Hampton LLP, Attorneys at Law. 501 West Broadway 19th floor
San Diego CA 92101. (619) 338-6500, Attn Stacey E. James.

Mr Amos Cendali Jr has scheduled a Motion Hearing Seeking Prosecution. Date 8-24-2007
in san diego superior court before honorable Jeffrey B. Barton. Dep 69

1 I Certify. that chainges have been made & aditional Information is included & I declare under)
2 of perjury under the law of the state of california that the forgoing is thru & correct
3 of perjury under the law of the state of california that the forgoing is thru & correct
4 executed on 8-24-2007 at San Diego. California.

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1 Amos Cendali Jr

2 1112 Portola Av

3 Spring valley CA 91977

4 (619) 469-6045

5 Attorney. Propia Persons.

6
7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 OF THE COUNTY OF SAN DIEGO
9

10 AMOS CENDALI JR

11 PLAINTIFF

12
13 vs

14 TREX ENTERPRISES CORP

15 DEFENDANT
16
17
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19
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21
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25

Title. Right to sue for Disavility Discrimination.

DEFH. E200405D0384-00-p

Case No. GIC867339

Complaint filled June 12 2006

Assigned to The Hon Jeffrey B. Barton.

On the Rec Trial by Jury Jury D. (Y)

Trial Date: Trial Time: Dep 69

Prosecution Date: Est Time: 2Hrs.

Court Reporter Requested (Y)

NOTICE. MOTION TO PROSECUTE

DECLARATION OF PERSONAL RIGHTS

WILLFULLY COMMITTING VIOLATION OF PUBLIC

CIVIL CODE 51.54.

DEMANDING REFREANCE LETTER.

DEMANDING INJURY REPORT DOI: 11-20-2003

DEMAND \$1,000,000.00 MILLION.

26 Amos Cendali Jr is authorized to charge Trex Enterprises Corp for committing violations of public policy

27 the defendant will be prosecuted in san diego superior court before honorable Jeffrey B. Barton. De

28 Cal Constitution. Article 1 Declaration of Rights.

29 Sec. 16. Trial by jury is an inviolate right and shall be secured to all.

STATE OF CALIFORNIA - SAN DIEGO COUNTY DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

ARNOLD SCHWARZENTRUBER, DISTRICT ADMINISTRATOR

DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

1350 Front Street, Suite 3005, San Diego, CA 92101

(619) 645-2681 TTY (609) 700-2320 Fax (619) 645-2683

www.dfeh.ca.gov



March 11, 2005

AMOS AMITO CENDALI
1112 PORTOLA AVENUE
SPRING VALLEY, CA 91977

RE: E200405D0384-00-p
CENDALI/TREX ENTERPRISES CORP.

Dear AMOS AMITO CENDALI:

Your complaint of discrimination (identified above) is on file with our office. According to the Fair Employment and Housing Act, the Department of Fair Employment and Housing (DFEH) must notify you of your right to request a right-to-sue notice which will authorize you to file a private lawsuit in a California Justice, Municipal or Superior Court on your own behalf. This letter is your notification of your right to request that notice.

No action is required by you unless you decide to request a right-to-sue notice. If you choose to exercise this option you must:

- 1) notify DFEH in writing of your intent; and
- 2) provide your own legal counsel; and
- 3) file your lawsuit within one year from receipt of the right-to-sue notice.

If you do request a right-to-sue, DFEH will discontinue its investigation and close your complaint. If you do not request a right-to-sue, DFEH will continue to process your complaint. A right-to-sue notice will then be issued upon conclusion of our investigation, or one year after your complaint was filed, whichever comes first.

If you do not wish to request a right-to-sue notice, you need not respond to this letter.

Sincerely,

Belinda DeLa Cruz
District Administrator

1 COUNT 1. (9 Pages) Attached the evidence supporting the charge.

2
3 Initial report of accident on 11-20-2003 is included.

4
5 On Nov 21, 2003 as I was terminated as a General Maintenance Technician safety Technician II
6 \$14.45 per hour plus benefits. I was hired on or about May 19, 1999.

7
8 On November 21, 2003, Nickolas Amicone, Human Resources Director, toled me that Today is your
9 last day. You cant handle your job.

10
11 I was denied resonable accommodation when terminated because of my disability & the conflict of intrensat
12 of the HR Director & consulted by the Ex HR Manager proceeded to terminate Mr Cendali Jr on Nov 21 2003.

13
14 On November 20, 2003 I suffered a work related injury & reported the injury to Hlr Dep assistant
15 veronica luna & HR Director Nickolas Amicone.

16 On Nov 21, 2003 I provided Mr Amicone with a doctor note indicating restrictions & recomending
17 acommodations, Mr Amicone proceeded to terminate Mr Cendali Jr.

18
19 There was no legitimate business or performance reason for termination only calling when I got in to work
20 my restriction did not represent an undue hardship for the employer.

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Amos Cendali Jr

2

1 Home address
 2 1112 Portola rd
 3 Spring valley, ca 91977
 4 (619) 469-6045
 5 www.amosc69@yahoo.com

6
 7 Company name
 8 Trex Enterprises Corp
 9 10455 pacific center court
 10 San Diego, CA 92121-4339
 11 (858) 646-5300

12
 13 Amos Cendali Jr
 14 Title
 15 Facility administrator and coordinator/ general maintenance/safety tech II

16
 17 On Thursday 11/20/03. I was covering Gilberto Carrillo for a few days in shipping and receiving, I was told by my boss Nick amicone Director of Human Recourses that it was urgent to get the furniture packet And on its way to Maui, I contracted and had aprubel for San Diego crating to build some crates for the cubicle walls and Office furniture and library Book Shelf's, and to help me, take the furniture Down from the 2nd floor and tacking it to, the south side of the building wear the (cvc) department is located, this is the area wear we had empty crates that San Diego crating had build for the office furniture that was going to Maui.

At around 3:30 PM, I moved some items sow we cut have, the finish crates in one side and the empty crates in another side, because the finisht crates had to be weight on a scale for proper shipping documentation, and the next day finish out the rest of the crates, I picket up a gray (3'x 2') industrial fuse box, and got stuck on the corner of the table next to the reactor, and fell on my left foot toe, I sat down for a few minutes the pain was indescribable, then I went to see if the guys where ready to pack up for the day, when they sow me limping seat what happened I told them what just happened One of them told me they sow me leaning over, but thinking I was resting, they moved all the crates in side the building, I went to get some lce for the inflation and pain then closed the 2 Roll up Doors and went to see Veronica Luna , She is HR administrator Asst, and Injuries claim administer the person to report in case of an Injury, She was in Shipping and Receiving Department, I told Her I had injured My Toe, She Respondent by saying I Don't wan to Hear about it, Brett Perkins was next to me and just rays his eye bra use Sow I Went to the East side of the Building wear some old crates needed to trashed I cut them up But I dint finish the I was in to Much Pain I was sweating from the Task and the Pain I graved my tools and went to see my boss, left the tools in facility Room, then when to His office Nalkt on the door and told him I had an accident and injured my toe and that I need it to see a doctor and told him that I wood need the pair of Steel toe boots (he has rejected for the past month,) in order for me to do my job because my toe was in pain.

The first thing that came out of his Mouth was, He gave you permission to hire this Morons To Help you take the furniture down stairs, Mr. Amicone was told by me in the beginning when I Sheared the Project Plan He said Do it, He new about the additional charge, included Seeing two of the workers Carrying the wall mount book case on to a rolling cart and Joked about it, (this book cases Weigh over 50 Lbs)

Early that day San Diego Crating office Dep, sent a fax to MR Amicone indicating they will be charging \$500.00 for moving the furniture down stairs, San Diego Crating sent 3 workers for the 2 Day Job and A good Job they did, MR Amicone told me He was not going to pay for that service and that it will come out from my Facility Dept.

But He had no problem Paying \$ 5,200.00 Dlls for (10 crates) Plus Shipping When this funding was approved by all three managers.

I mention the doctor assistance, he said he needed to go and on our way out of the office I ask him Will you approve (sign) the petty cash receipt \$ 80.00 to perches steel toe boots

He said NO.

I drive a Saturn stick shift pressing down the clutch feels like a hot needle inside my toe On my way out off the Building I felt sad, because the person I work for turn his back on me when I was injured, I wood never do that to anybody

One of my responsibilities and goes whitt my nature is for the safety for my self and the people around me.

The next day Friday 11/21/03 my toe was in bad shape swollen black & purple walking was painful driving the car was tremendously irritating, I went to see the company's doctor, the receptionist told me is this job related I said yes then I had to have paper work from the company stating this claim, so I call Veronica Luna to get her approval for the examination, Veronica responded she needed to fill out the paper work and have my report first, but if I cud walk back to the company that wood be good, I told her I AM hear And I am In pain, she said hold on then about 4 mints she said ok, I talk to the doctor tuck some x ray pictures and told me I had 1 1/2 Broken Boones on my toe, whitt good rest they shot Heal in about 8 to 14 weeks if now complication occur .

I went to Trex Picket up the selected winning bidder for the coming project, I then went to shipping and receiving then went to see Veronica filled out the report went to see Nick Amicone and told me today is your last day whitt the company.

I Have work for MR Amicone for past 6 months half this time I Have Requested safety steel toe boots, for my co worker Gilberto Carrillo and my self first they are to expensive \$80.00 Dlls, then had Veronica looking for more lower Prize Boots, She never fallowed thru, went back over and over answer was no,

I talk to Allen Wolsky, the vice president administrative asst, and Sheered my concern the best answer I cut get, was MR Amicone is your boss, when I tried the vice precedent for a fue Minutes of hear time all I got was marve, to purchasing talk to Vicky Jackson and Donny Wilder, I expressed the lack of support from MR Amicone

Mr. Amicone took away my opportunity for growth and income, Based on successful training accomplishments, Facility Management, Business Writing, Electrical safety, laser safety, that was scheduled on 6/03 thru 12/03

Constantly not to use co workers for help.

GRIEVANCE FORM

Employee Amos Cendali Jr Date 1/14/04
 Department Facility's

Statement of grievance and aggrieved act(s)

In the Month of Nov 2003 I Requested New Steel toe boots for my co worker and my self Amicone set fine out how much, on my break I went to Sears in la Jolla I triad a pair they where whiter on the tip of the Boot I ask the lady for the prize they where \$80.00 a pear I mention if Trex steel had the account open she set yes but I needed Permeaion for the purchase and credit card and to fill the purchase requisition I went back to work and stopped at the purchasing Dept, and ask Vicky Jackson and Donny Wilder about sears account and VJ mention the Trouble they had with sears accounting Dept they recommended to get petty cash, sow I ask Jacky Jepson, for a Petty cash then went to see Amicone and told him the prize He Went what, Amicone told me to wait he was going to talk to an ex employee that work for him, that purchased boots much chipper, days went on then I went to see nick, I mentioned the boots Amicone told me Veronica Luna was Lucking for the boots, and then I sow Veronica at the reception and ask fine anything she told me no Days later ask for the boots and I address the HAZ over the (CVC) Silicone Carbide Dept Amicone wood change the subject, other days wood just say no 11/20/03

Statement of efforts to resolve Grievance I talk to the company president and expressed about the Amicone Lucking in to the Prize for the Boots

I talk to the Company Vice President expressed about Mr Amicone working against me Not with me, when I tried to set an appt, the answer was Maybe

I know the facility compliance and in house Program and I did my part to get Amicone related to are Facility

I told Mr Amicone to set an appt with the Vice President Him Self and Me, Amicone set OK, It Never Happened

Just about all the Building personnel Know about this Issue.

In the beginning under Amicone wing Supervision I talk to the vice president about Amicone Refusing training Progression, the answer was his your Boos.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits.

Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

PETICION DEL EMPLEADO PARA BENEFICIOS DE COMPENSACIÓN DEL TRABAJADOR

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.

Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la Division de Compensación al Trabajador llamando al 1-800-736-7401. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Employee:

Empleado:

1. Name. Nombre. Amor Cordoba Today's Date. Fecha de Hoy. 11/21/03
2. Home Address. Dirección Residencial. 1111
3. City. Ciudad. Spring Valley State. Estado. CA Zip. Código Postal. 91921
4. Date of Injury. Fecha de la lesión(accidente). 11/20/03 Time of Injury. Hora en que ocurrió. a.m. 3:30 p.m.
5. Address and description of where injury happened. Dirección/lugar dónde ocurrió el accidente. 10455 Pacific Center Court, San Diego, CA 92121
6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. Lower back pain, muscle strain, and bruising.
7. Social Security Number. Número de Seguro Social del Empleado. 551 96 6351
8. Signature of employee. Firma del empleado. [Signature]

Employer—complete this section and give the employee a copy immediately as a receipt.

Empleador—complete esta sección y déle inmediatamente una copia al empleado como recibo.

9. Name of employer. Nombre del empleador. Trex Enterprises Corporation
10. Address. Dirección. 10455 Pacific Center Court, San Diego, CA 92121
11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. 11/20/03
12. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. 11/21/2003
13. Date employer received claim form. Fecha en que el empleado devolvió la petición al empleador. 11/21/2003
14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. Saint Paul Fire & Marine Insurance Co. Palatine, IL 60055-9072
15. Insurance Policy Number. El número de la póliza del Seguro. WVA6101471
16. Signature of employer representative. Firma del representante del empleador. [Signature]
17. Title. Título. Human Resources Asst.
18. Telephone. Teléfono. 858-646-5459

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que proporcione copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

U.S. HealthWorks

MEDICAL GROUP

WORK STATUS REPORT

Name: Last: Cendali First: AMOS Date of Exam: 11/21/03 Case #: 103015938
 SS#: 551-96-6351 Date of Birth: 11/27/69 Date of Injury: 11/20/03 Claim #:
 Employer: TREX ENTERPRISES Contact: VERONICA LUNA Tel.: (858) 646-5300 Fax: 858 646-5581
 Claims Administrator: KEMPER INSURANCE GROUP Tel.: (800) 800-7885 Fax:

PATIENT STATUS

Since the last exam, this patient's condition has:

- ☐ improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES

(Include ICD-9 code, if possible)

928.3 CRUSH INJURY TOES DOL 11-20-03 CAC
 826.0 FRACTURE/TOE DOL 2-6-03 CAC

TREATMENT

- ☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue Therapy: _____ times / week for _____ weeks ☐ Other _____
☒ Medications / Supplies Dispensed IRU 800MG/BUDDY TAPE
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist.
 Estimated length of treatment is now _____ weeks

WORK STATUS

☐ First Aid Case

- ☐ Return / ☐ Continue to work without restrictions.
☐ Off the balance of this shift only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Off work. Estimated period of total temporary disability _____ days.
☒ Return to work as of 11/21/03 with the restrictions indicated below. Estimated duration of modified duty is 7 days.
 () No work near moving machinery (X) Sit down job.
 () No / () Limited use of R / L hand to _____ hrs/day (X) Must wear: () Splint () Immobilizer () Back support () Cage
 () No / (X) Limited standing or walking to _____ hrs/day (X) Other POST OP SHOE
 () No / () Limited overhead work to _____ hrs/day (X) Must keep LT FOOT elevated
 () No / () Limited stooping and bending to _____ hrs/day () Keep wound/bandage clean and dry
 (X) No / () Limited kneeling or squatting to _____ hrs/day () Must take a _____ minute stretch break every _____ minutes from
 () No / () Limited () Lift () Pull () Push
 Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs () Keyboard / () _____
 (X) No climbing () Other _____

☐ Medical status was discussed with employer representative. Name _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS

- ☐ Patient discharged as cured without ratable disability.
☐ Patient discharged as permanent and stationary with ratable disability and/or need for future medical care. A PR-3 to follow.
☐ NON-INDUSTRIAL. Patient instructed to see physician at own expense.

TREATING PROVIDER

Name ROMANO, JOHN Lic. # G074689 Date of Exam 11/21/03
 Specialty _____ Signature _____

Issued at: USHW of California - Rossmore Mass 5907 CREDIT DRIVE SUITE 100 SAN DIEGO CA 92121

S. HealthWorks

MEDICAL GROUP

STATE OF CALIFORNIA

Division of Workers' Compensation

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Physician: Condon, J. First: ASCO M.I.: Date of Exam: 11/21/03 Case #: 103015938

SSN: 96-6352 Date of Birth: 11/27/63 Date of Injury: 11/21/03 Claim #:

Employer: TRX ENTERPRISES Contact: VERONICA LUNA Tel: (818) 646-8300 Fax: 818 646-5585

Administrative: KEMPER INSURANCE GROUP Tel: (916) 800-7885 Fax:

UNFUN SUBMITTING REPORT

(Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)

☐ Significant change in patient's condition
☐ Significant change in work status
☐ Significant change in treatment plan
☐ Need for referral or consultation
☐ Need for surgery or hospitalization
☐ Periodic Report (45 days after last report)
☐ Info. requested by:
☐ Discharged
☒ Other: 10111016

NT STATUS Since the last exam, the patient's condition has:

☐ Improved as expected
☐ Improved, but slower than expected
☐ Not improved significantly
☐ Stagnant
☐ Worsened, and no further improvement is expected
☐ Been determined to be non-work related

ADDITIONAL COMPLAINTS (Document and describe significant complaints if this report qualifies as mandatory.)

See chart

ADDITIONAL FINDINGS (Document significant exam findings, lab, imaging, and other diagnostic testing if this report qualifies as mandatory.)

NOTES (Include ICD-9 code, if possible.)

Back / Chin injury, D. 10111016

TREATMENT

☐ Physical Therapy
☐ Occupational Therapy
☐ Chiropractic
☐ Massage
☐ Acupuncture
☐ Other: Therapeutic Pooling, Bodywork

☐ Recommended
☐ Requested
☐ Pending
☐ Specialty
☐ Work status to be determined by specialist.

Estimated length of treatment is now: 4 weeks

STATUS

☐ First Aid Case
☐ Continue to work without restrictions.

☐ At the home of this shift only
☐ Temp PTW on
☐ Full
☐ Modified duty
☐ Re-evaluate work status before next shift.

Work: Estimated period of total temporary disability: 11/21/03 days.

Return to work as of: 11/21/03 with the restrictions indicated below. Estimated duration of modified duty is: 3 days

☐ No new heavy lifting machinery
☐ No limited use of R/L hand
☐ No limited standing or walking
☐ No limited overhead work
☐ No limited stooping and bending
☒ No limited kneeling or squatting
☐ No limited lifting
☐ No limited pushing or pulling
☐ No limited carrying
☐ No limited climbing

☐ Must wear: ☐ Splint ☐ Cast ☐ Back support ☐ Cane
☐ Must keep: Back elevated

☐ Keep wound/bandage clean and dry
☐ Must take a 5 minute stretch break every 15 minutes from

☐ Keyboard / ()
☐ Other: Veronica

Medical status was discussed with emp. rep. representative: Veronica

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHD BE OFF WORK.

HARVEST STATUS

☐ Patient discharged as cured without ratable disability.
☐ Patient discharged as permanent and stationary with ratable disability and/or need for future medical care. A PR-3 to follow.
☐ NON-INDUSTRIAL: Patient instructed to see physician at own expense.

ANY TREATING PHYSICIAN

I am under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code S. 139.3.

Case #: 103015938 Date of Exam: 11/21/03

Name Last: Candall First: Amos Date of Exam: 11/25/03 Case #: 103015938
 SS#: 551-96-6351 Date of Birth: 11/27/59 Date of Injury: 11/20/03 Claim #:
 Employer: TREX ENTERPRISES Contact: VERONICA LUNA Tel.: (858) 646-5300 Fax: 858 646-5581
 Claims Administrator: KIMPER INSURANCE GROUP Tel.: (800) 800-7885 Fax:

PATIENT STATUS Since the last exam, this patient's condition has:

- ☒ improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES (Include ICD 9 code, if possible)

928.3 CRUSH INJURY TOES
 826.0 FRACTURE/TOE

DOL 2-6-03

TREATMENT

- ☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue Therapy: _____ times / week for _____ weeks ☐ Other _____
☐ Medications / Supplies Dispensed _____
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist.
 Estimated length of treatment is now _____ weeks

WORK STATUS

☐ First Aid Case

- ☐ Return / ☐ Continue to work without restrictions.
☐ Off the balance of this shift only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Off work. Estimated period of total temporary disability _____ days.
☒ Return to work as of 11/26/03 with the restrictions indicated below. Estimated duration of modified duty is 7 days.
 ☐ No work near moving machinery ☒ Sit down job.
 ☐ No / ☐ Limited use of R / L hand to _____ hrs/day ☒ Must wear: ☐ Splint ☐ Immobilizer ☐ Back support ☐ Cage
 ☐ No / ☒ Limited standing or walking to _____ hrs/day ☒ Other POST OP SHOE
 ☐ No / ☐ Limited overhead work to _____ hrs/day ☐ Must keep _____ elevated
 ☐ No / ☐ Limited stooping and bending to _____ hrs/day ☐ Keep wound/bandage clean and dry
 ☒ No / ☐ Limited kneeling or squatting to _____ hrs/day ☐ Must take a _____ minute stretch break every _____ minutes from
 ☐ No / ☐ Limited ☐ Lift ☐ Pull ☐ Push ☐ Keyboard / ☐ _____
 Up to: ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs ☐ _____ lbs ☐ Other _____
☒ No climbing
☐ Medical status was discussed with employer representative. Name _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS

- ☐ Patient discharged as cured without retatable disability.
☐ Patient discharged as permanent and stationary with retatable disability and/or need for future medical care. A PR-3 to follow
☐ NON-INDUSTRIAL. Patient instructed to see physician at own expense.

TREATING PROVIDER

Name TIBBELS, TERRENCE Lic. # C31826 Date of Exam 11/26/03
 Specialty _____ Signature _____

Issued at: USHW of California - Burrenito Mesa, 6897 OBERLIN DRIVE, SUITE 100, SAN DIEGO, CA 92121 Tel: (858) 455-0200

Arrival Time 2:30 PM Release Time 3:10 PM Next Visit Date 12/02/03 Time 11:00 AM

Last Name: Cendali First: ANUS M.I.: _____ Date of Exam: 11/25/03 Case #: 103015928
 Phone: 551-96-6351 Date of Birth: 11/27/69 Date of Injury: 11/20/03 Claim #: _____
 Employer: TEK ENTERPRISES Contact: VERONICA LUNA Tel: (888) 646-5400 Fax: 656 646-5391

Insurance Administrator: KEMPER INSURANCE GROUP Tel: (800) 800-7885 Fax: _____

SECTION FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)

- ☐ Significant change in patient's condition
☐ Significant change in work status
☐ Significant change in treatment plan
☐ Need for referral or consultation
☐ Need for surgery or hospitalization
☐ Periodic Report (45 days after last report)
☐ Ref. requested by: _____
☒ Discharged
☐ Other: all

PROGRESS STATUS Since the last exam, this patient's condition has:

- ☐ Improved as expected
☐ Improved, but slower than expected
☐ Not improved significantly
☐ Worsened
☐ Reached plateau and no further improvement is expected
☐ Been determined to be non-work related

ACTIVE COMPLAINTS (Document and describe significant complaints if this report qualifies as mandatory.)

less swelling, pain

ACTIVE FINDINGS (Document significant exam findings, lab, imaging, and other diagnostic testing if this report qualifies as mandatory.)

↓ edema ↓ ecchymosis
↓ ROM

IMAGING (Include ICD-9 code, if possible)

fracture (right tal)

Office Visit / Injury Treatment: ☐ Start / ☐ Continue Therapy: _____ times / week for _____ weeks ☐ Other: _____

Medications / Supplies Dispensed: _____

Consultation: ☐ Referral ☐ Requested / ☐ Pending. Specialty: _____ ☐ Work status to be determined by specialist.

Estimated length of treatment is now _____ weeks

WORK STATUS ☐ First Aid Case

Return / ☐ Continue to work without restrictions.

Off the balance of this exam only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next exam.

Off work. Estimated period of total temporary disability _____ days.

Return to work as of 11/25/03 with the restrictions indicated below. Estimated duration of modified duty is _____ days.

- ☐ No work near moving machinery
☐ No / ☐ Limited use of R / L hand to _____ hrs/day
☐ No / ☐ Limited standing or walking to _____ hrs/day
☐ No / ☐ Limited overhead work to _____ hrs/day
☐ No / ☐ Limited stooping and bending to _____ hrs/day
☒ No / ☐ Limited kneeling or squatting to _____ hrs/day
☐ No / ☐ Limited ☐ Lift ☐ Pull ☐ Push
 Up to: ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs ☐ _____ lbs
☒ No climbing
☒ Sit down job
☒ Must wear ☐ Sling ☐ Immobilizer ☐ Back support ☐ Cast
☒ No her Post op shoe
☐ Must keep _____ elevated
☐ Keep wound/biomechanical clean and dry
☐ Must take a _____ minute stretch break every _____ minutes from
☐ Keyboard / () _____
☐ Other: _____

Medical status was discussed with employer representative _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS

- ☐ Patient discharged as cured without ratable disability.
☐ Patient discharged as permanent and stationary with ratable disability and / or need for future medical care. A PR-3 to follow.
☐ NON-INDUSTRIAL Patient instructed to see physician at own expense.

PRIMARY TREATING PHYSICIAN

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Physician: _____ Cal. Lic. # C31820 Date of Exam: 11/25/03

Specialty: _____ Signature: _____

located at: USHW of California - Sorrento Mesa, 5897 OBERLIN DRIVE, SUITE 100, SAN DIEGO, CA 92121 Tel: (858) 455-0200

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:

☒ MON ☒ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT

YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:

☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT

☐ Before / After Shift

U.S. HealthWorks

MEDICAL GROUP

WORK STATUS REPORT

Name Last: Candali First: Amos Date of Exam: 12/04/03 Case #: 103015938

SS#: 551-96-6351 Date of Birth: 11/27/69 Date of Injury: 11/20/03 Claim #: _____

Employer: TREX ENTERPRISES Contact: VERONICA LUNA Tel.: (858) 646-5300 Fax: 858 646-5581

Claims Administrator: KEMPER INSURANCE GROUP Tel.: (800) 800-7885 Fax: _____

PATIENT STATUS Since the last exam, this patient's condition has:

- ☒ Improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES (Include ICD-9 code, if possible)

928.3 CRUSH INJURY TOES
826.0 FRACTURE/TOE

TREATMENT

- ☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue Therapy: _____ times / week for _____ weeks ☐ Other _____
☐ Medications / Supplies Dispensed _____
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by special
 Estimated length of treatment is now 4 weeks

WORK STATUS

☐ First Aid Case

- ☐ Return / ☐ Continue to work without restrictions.
☐ Off the balance of this shift only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Off work. Estimated period of total temporary disability _____ days.
☒ Return to work as of 12/04/03 with the restrictions indicated below. Estimated duration of modified duty is 7 days.

- | | |
|---|---|
| () No work near moving machinery | () Sit down job. |
| () No / () Limited use of R / L hand to _____ hrs/day | (X) Must wear: () Splint () Immobilizer () Back support () Cage |
| () No / (X) Limited standing or walking to _____ hrs/day | (X) Other <u>POST OP SHOE</u> |
| () No / () Limited overhead work to _____ hrs/day | () Must keep _____ elevated |
| () No / () Limited stooping and bending to _____ hrs/day | () Keep wound/bandage clean and dry |
| () No / () Limited kneeling or squatting to _____ hrs/day | () Must take a _____ minute stretch break every _____ minutes from |
| () No / () Limited () Lift () Pull () Push | () Keyboard / () _____ |
| Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs | (X) Other <u>SIT AS NEEDED FOR PAIN.</u> |
| () No climbing | _____ |

☐ Medical status was discussed with employer representative. Name _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS

- ☐ Patient discharged as cured without ratable disability.
☐ Patient discharged as permanent and stationary with ratable disability and/or need for future medical care. A PR-3 to fol
☐ NON-INDUSTRIAL. Patient instructed to see physician at own expense.

TREATING PROVIDER

Name ROMANO, JOHN Lic. # G074689 Date of Exam 12/04/03

Specialty _____ Signature _____

Issued at: USHW of California - Sorrento Mesa, 5897 OBERLIN DRIVE, SUITE 100, SAN DIEGO, CA 92121 Tel: (858) 455-0200

Arrival Time 12:40 PM

Release Time 2:21 PM

Next Visit Date 12/18/03 Time 1:30 PM

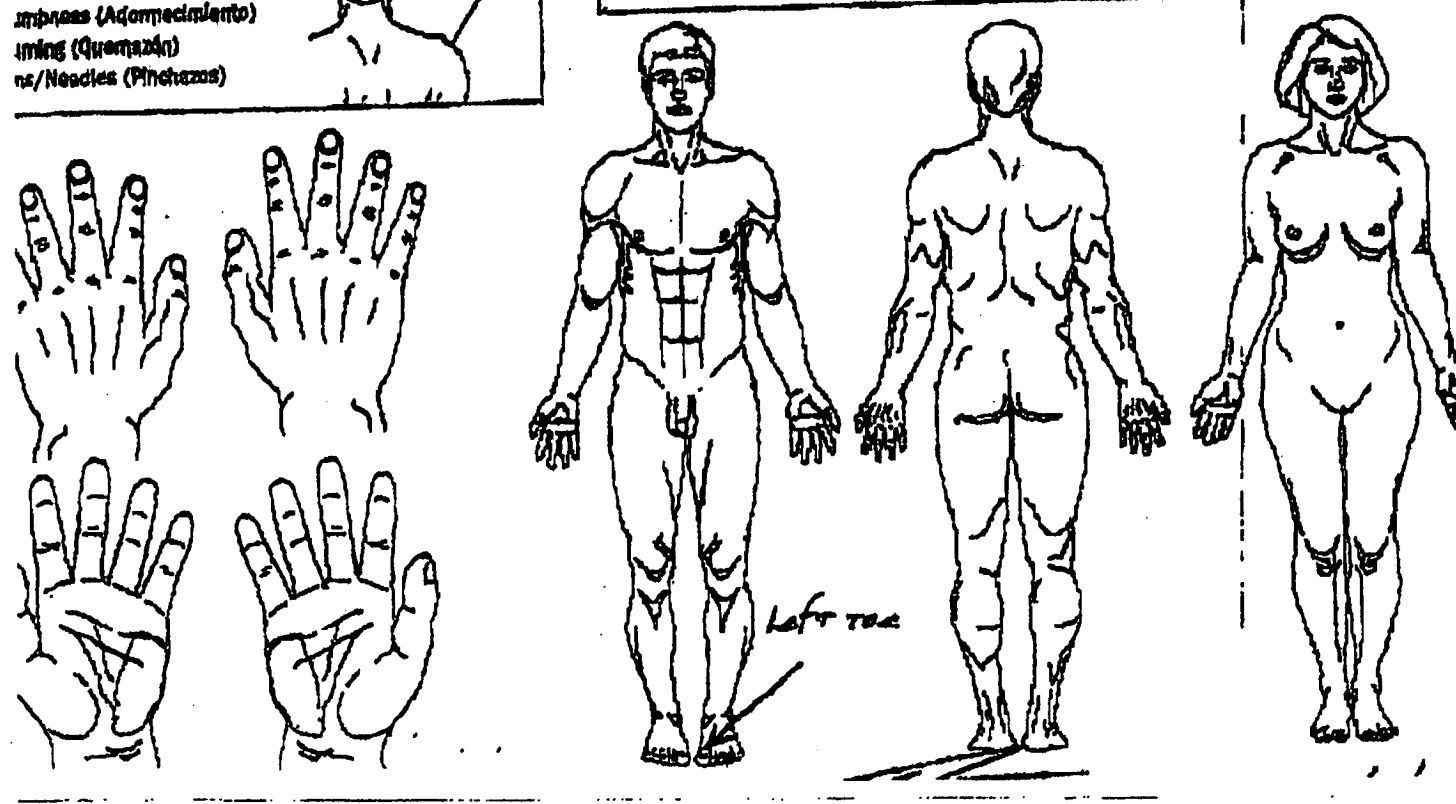
Employer Terminated my doctors appt. for

✓ (Patrón) TREX Enterprises Date (Fecha): 11/21/03 SSN: 551-96-6351
 no (Nombre): Amos Cendali Middle Initial (Inicial): A Last Name (Apellido): Cendali
 Is your first visit, please fill the blanks included in this box. (Si esto es su primera visita, por favor llene los espacios incluidos en este recuadro)
 is (Dirección): 10455 Pacific Center Court City (Ciudad): SD State (Estado): CA Zip (C. Postal): 92121
 Phone (No. Teléfono en casa): 858-254-6367 Work Phone (No. Teléfono en el trabajo): (858) 446-5300
 ate (Nacimiento): 11/27/69 Sex (Sexo): M Marital Status (Estado Civil): Single
 if Injury (Fecha de lesión): 11/20/03 Time (Hora): 3:30 Last day worked (Último día que trabajó): 11/20/03
 ation (Ocupación): Facility Worker
 as where injury occurred (Lugar donde ocurrió la lesión): 10455 Pacific Center Court 92121
 our problem caused by something that happened at work? (¿Fue su problema causado por algo sucedido en su trabajo?) ☒ Yes (SI) ☐ No (No)
 was reported to (La lesión fue reportada a): Rebecca W. Wacker, RN Date (Fecha): 11/24/03 Time (Hora): 3:19 PM

I.S. HealthWorks ever treated you before? (¿Alguna vez ha sido tratado en U.S. HealthWorks?): Yes When? (Cuándo?): March
 Is your first visit, describe how your present injury/illness occurred. (Si esta es su primera visita, describe cómo ocurrió su actual lesión o enfermedad.)
 Is a follow up visit, indicate any improvement or changes in your condition. (Si esta es su primera visita, describe cualquier mejoría o cambio en su condición.)
was moving an electrical commercial panel box 7K2 as I was pushing
got cut on something, and dropt right on my left toe, the same
that got fractured in march, I have been denied steel toes
4 my boots many times.

COMPLETE THE FOLLOWING DIAGRAM (Por favor complete el diagrama a continuación.)
 feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.
 ¿te alguno de los síntomas listados a continuación, marque la zona del cuerpo en donde las sienta en las figuras e indique el tipo de síntoma.)

NO PAIN SIN DOLOR	MOST PAIN DOLOR INTENS										
	0	1	2	3	4	5	6	7	8	9	10



November 21, 2003

Amos A. Cendali
1112 Portola Avenue
Spring Valley, CA 91977

Dear Amos:

It is with regret that it has become necessary to terminate your employment as of November 21, 2003. The information below outlines the status of your pay and benefits program, which are based on your length of service with the company.

Payroll Status: Your last day of work at Trex Enterprises Corporation is today, November 21, 2003. You will receive a lump sum payment for PTO accrued (27.73 hours) through November 21, 2003. There will be no further PTO accrual beyond your last day worked.

You will not be eligible to receive severance pay in accordance with the Company's severance pay policy, due to willful breach of duty.

Medical, Dental, and Vision Insurance: Coverage continues through November 30, 2003. Beginning December 1, 2003, you have an option to continue your medical, dental, and vision coverage through COBRA for a period of 18 months, provided you pay the monthly premiums. Information and rates regarding COBRA coverage will be sent to you in a separate.

Life and AD & D Insurance: Coverage will cease at midnight on November 21, 2003. A conversion option for your basic life insurance is available through UNUM. If you are interested in this option, please contact Veronica Luna for the proper forms.

Long-Term and Short-Term Disability Insurance coverage's cease at midnight on November 21, 2003. A conversion option is not available.

Trex 401(k) Savings Plan: If you are enrolled in the Trex Enterprises 401(k) Savings Plan, you have the options of continuing to maintain your account with Fidelity, however, if you would like to terminate your account, please contact Fidelity at 1-800-835-5097. Distribution will occur approximately 7-10 business days after your request for Distribution or Deferral of your account to Fidelity.

Company Property: All company property such as: company badge, keys to office and building, credit cards, cellular phone, computer equipment and related software, books, files, etc. must be returned to me today.

Initial(s) 

CALIFORNIA • HAWAII • NEW MEXICO • MASSACHUSETTS

10455 Pacific Center Court • San Diego, CA 92121-4339 • Phone 858-646-5300 • Fax 858-646-5301

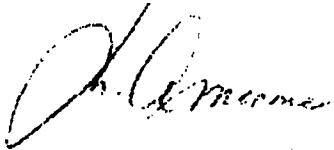
Amos A. Cendali
November 21, 2003
Page 2 of 2

You agree that you will continue to comply with the provisions of the Business Conduct Policy, a copy of which you previously received and the Company Information and Invention Agreement, which you previously signed.

Please let me know if you have any questions at all in this regard.

Sincerely,

Acknowledged and Agreed,



Director of Human Resources

Amos Cendali Jr

11/21/03

Amos A. Cendali

Date

EX ENTERPRISES CORPORATION • 10455 Pacific Center Court • San Diego, CA • 92121-4339

DESCRIPTION	HOURS	PAY RATE	AMOUNT	DEDUCT. CODE	DESCRIPTION	AMOUNT	CHECK
							CHECK
							CHECK
							NET P
TOTAL EARNINGS →				TOTAL DEDUCTIONS →			
GROSS EARN.	YTD EIC	YTD SOC. SEC.	YTD FED TAX	YTD STATE TAX	YTD SDI	YTD LOCAL TA	

THIS IS A RECORD OF YOUR EARNINGS. PLEASE DETACH AND RETAIN.

Initial(s)

AC

1 COUNT 2 (3 Pages) Attached evidence supporting the charge

2 the defendant violations knowing there was a problem with the Big toe area

3 canceled the medical services before the upcoming Dr appt on 12-18-2003 knowing that there

4 actions will cause more injury without medical attention and violating my civil rights.

5 as a direct and proximate cause of the conduct of the Defendant Trex Enterprises Corp

6 Amos Cendali Jr has suffered and will continue to suffer permanent disability to my left foot Big toe

7 the defendant Trex Enterprises Corp have violated Amos Cendali Jr Rights to be free from

8

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Name: Last: Cendali First: Amos Date of Exam: 12/04/03 Case #: 103015938
SS#: 551-96-6351 Date of Birth: 11/27/69 Date of Injury: 11/20/03 Claim #: _____
Employer: TRRX ENTERPRISES Contact: VERONICA LUNA Tel.: (858) 646-5300 Fax: 858 646-5581
Claims Administrator: KEMPER INSURANCE GROUP Tel.: (800) 800-7885 Fax: _____

PATIENT STATUS Since the last exam, this patient's condition has:

- ☒ Improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES (Include ICD-9 code, if possible)

928.3 CRUSH INJURY TOES
826.0 FRACTURE/TOE

TREATMENT

- ☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue Therapy : _____ times / week for _____ weeks ☐ Other _____
☐ Medications / Supplies Dispensed _____
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by special
Estimated length of treatment is now 4 weeks

WORK STATUS

- ☐ First Aid Case
☐ Return / ☐ Continue to work without restrictions.
☐ Off the balance of this shift only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Off work. Estimated period of total temporary disability _____ days.
☒ Return to work as of 12/04/03 with the restrictions indicated below. Estimated duration of modified duty is 7 days.
() No work near moving machinery () Sit down job.
() No / () Limited use of R / L hand to _____ hrs/day (X) Must wear: () Splint () Immobilizer () Back support () Cage
() No / (X) Limited standing or walking to _____ hrs/day (X) Other POST OP SHOE
() No / () Limited overhead work to _____ hrs/day () Must keep _____ elevated
() No / () Limited stooping and bending to _____ hrs/day () Keep wound/bandage clean and dry
() No / () Limited kneeling or squatting to _____ hrs/day () Must take a _____ minute stretch break every _____ minutes from
() No / () Limited () Lift () Pull () Push () Keyboard / () _____
Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs (X) Other SIT AS NEEDED FOR PAIN.
() No climbing

☐ Medical status was discussed with employer representative. Name _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS

- ☐ Patient discharged as cured without ratable disability.
☐ Patient discharged as permanent and stationary with ratable disability and/or need for future medical care. A PR-3 to fol
☐ NON-INDUSTRIAL. Patient instructed to see physician at own expense.

TREATING PROVIDER

Name ROMANO, JOHN Lic. # G074689 Date of Exam 12/04/03
Specialty _____ Signature _____

Issued at: USHW of California - Sorrento Mesa, 5897 OBERLIN DRIVE, SUITE 100, SAN DIEGO, CA 92121 Tel: (858) 455-0200

Arrival Time 12:40 PM

Release Time 2:21 PM

Next Visit Date 12/18/03 Time 1:30 PM

Employer Terminated my doctors appt for

0237738611

TWIN CITIES W.C. CTR
385 WASHINGTON STREET
MAIL CODE 104W 1-877-787-2555
ST. PAUL MN 55102

Claim Number:
WVA61014E-22A001

Carrier:
ST. PAUL MERCURY INSURANCE COMPANY

Coverage:
WORKER COMP INDEMNITY

Cause:
STRUCK OR INJURED BY

Date of Loss:
11/20/03

Questions, please call:
ANDRIA PRIMUS
(651) 310-3536

Check Amount:
\$*****370.00

AMOS CENDALI
1112 PORTOLA AVE
SPRING VALLEY CA 91917

Payment period: FROM 05/12/04 TO 05/25/04

INITIAL PERMANENT DISABILITY ADVANCE BASED
5/12-5/25/04



3140 Rev. 4-2004 Printed in U.S.A.

COUNT 3. (19 Pages) Attached the evidence supporting the charge

US Health Works Medical Group. Med Reports. Pages (14)

EVID EXIBITS. (25) a. US HEALTH WORKS MG. (Specifics) Med Rep, date 11-21-03 to WCAB.

EVID EXIBITS. (26) b. US HEALTH WORKS MG. (Specifics) Med Rep, date 11-25-03 to WCAB.

EVID EXIBITS. (27) c. US HEALTH WORKS MG. (Specifics) Med Rep, date 12-04-03 to WCAB.

EVID EXIBITS. (28) d. US HEALTH WORKS MG, Trex canceled the scheduled Dr appt 12-18-03

- Date of the medical report 11-21-03 that whent to TREX has ICD Code 826.0 & ICD Code 928.3

recommendes 7 days accommodations

&

- Date of the medical report 11-21-03 that whent to the WCAB

(Mixt DOI:2-6-03 ICD Code Whit DOI: 11-20-03 ICD Code)

this medical report indicates (the report qualifiyes as mandatory)

recommendes __ days accommodations

EVID EXIBITS. (25) US HEALTH WORKS MG, Med Rep, date 11-21-03 (Missing X Ray Rep).

Trex Enterprises Corp must have requested special services from US HW MG tailored to the cliant specifications, Trex Enterprises Corp demands strict proof thereof.

The SDI Inquiry letter & the application specifications of serious willful misconduct justifies it

EVID EXIBIT (X) US Health Works Medical Group, Original X Ray No. (25496) Dated 11-21-2003

UNUM LIFE INSURANCE OF AMERICA.

CERTIFICATE, LTD. POLICY PROIVITIONS.

Any disability which occurs after 6 months from the date your prior claim ended will be treated as a new claim. The new claim will be subject to all of the policy proivitions. LTD-BEN-8 (8 1 200 Pag 17

(AME Byron F. King, MD. Medical Report (ML 104-94-97) DOS: 10-4-2005)

Name: Last: Cendali First: Amos Date of Exam: 11/21/03 Case #: 103015938
SS#: 551-96-6351 Date of Birth: 11/27/69 Date of Injury: 11/20/03 Claim #:
Employer: TREX ENTERPRISES Contact: VERONICA LUHA Tel.: (858) 646-5300 Fax: 858 646-5581
Claims Administrator: KEMPER INSURANCE GROUP Tel.: (800) 800-7885 Fax:

PATIENT STATUS Since the last exam, this patient's condition has:

- ☐ improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES (Include ICD-9 code, if possible)

928.3 CRUSH INJURY TOES
826.0 FRACTURE/TOE

DOL 11-28-03c
DOL 2-6-03c

TREATMENT

- ☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue Therapy: _____ times / week for _____ weeks ☐ Other _____
☒ Medications / Supplies Dispensed IBU 800MG/BUDDY TAPE
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist
Estimated length of treatment is now _____ weeks

WORK STATUS

☐ First Aid Case

- ☐ Return / ☐ Continue to work without restrictions.
☐ Off the balance of this shift only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Off work. Estimated period of total temporary disability _____ days.
☒ Return to work as of 11/21/03 with the restrictions indicated below. Estimated duration of modified duty is 7 days.
() No work near moving machinery (x) Sit down job.
() No / () Limited use of R / L hand to _____ hrs/day (x) Must wear: () Splint () Immobilizer () Back support () Cage
() No / (x) Limited standing or walking to _____ hrs/day (x) Other POST OP SHOE
() No / () Limited overhead work to _____ hrs/day (x) Must keep LT FOOT elevated
() No / () Limited stooping and bending to _____ hrs/day () Keep wound/bandage clean and dry
(x) No / () Limited kneeling or squatting to _____ hrs/day () Must take a _____ minute stretch break every _____ minutes from
() No / () Limited () Lift () Pull () Push () Keyboard / () _____
Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs () Other _____
(x) No climbing

☐ Medical status was discussed with employer representative. Name _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS

- ☐ Patient discharged as cured without rateable disability.
☐ Patient discharged as permanent and stationary with rateable disability and/or need for future medical care. A PR-3 to follow
☐ NON-INDUSTRIAL. Patient instructed to see physician at own expense.

TREATING PROVIDER

Name ROMANO, JOHN Lic. # G074689 Date of Exam 11/21/03
Specialty _____ Signature _____

Issued at: USHW of California - Sorrento Mesa, 5897 OBERLIN DRIVE, SUITE 100, SAN DIEGO, CA 92121 Tel: (858) 455-0200

Arrival Time 11:30 AM

3 Hrs 20 Min.

Release Time 2:10 PM

Next Visit Date 11/25/03 Time 3:00 PM

8:00 AM TO 11:30 AM

11:30 AM TO 2:20 PM

1. Last Exam: Candell First: ADG M.D. Date of Exam: 11/21/03 Case # 1015538
SSN: 55-25-6351 Date of Birth: 11/27/69 Date of Injury: 11/21/03 Date of Report: 11/21/03
2. FROM ENTERPRISES Contact: VERONICA RONA Tel: (619) 646-8300 Fax: 658 646-5581
3. Administrative: KNEEPER INSURANCE GROUP Tel: (619) 809-7885 Fax:
4. USE FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)
Significant change in patient's condition ☐ Need for referral or consultation ☐ Info. requested by 1st visit
Significant change in work status ☐ Need for surgery or hospitalization ☐ Discharged ☐ Other: 1st visit
Significant change in treatment plan ☐ Periodic Report (45 days after last report) ☐ Other: 1st visit
5. PAT STATUS Since the last exam, this patient's condition has:
Improved as expected ☐ Improved, but slower than expected ☐ Not improved significantly ☐
Worsened ☐ Reached plateau and no further improvement is expected ☐ Been determined to be non-work related ☐
6. ACTIVE COMPLAINTS (Document and describe significant complaints if this report qualifies as mandatory.)
See chart

7. ACTIVE FINDINGS (Document significant exam findings, lab findings, and other diagnostic testing if this report qualifies as mandatory.)
See chart

8. NOSES (Include ICD-9 code, if possible)

Aspirate / Chondroma / Ovarian cyst

9. TREATMENT

10. MEDICATIONS (Prescription, Treatment, ☐ Stop ☐ Continue ☐ Other: Aspirate / Chondroma / Ovarian cyst
11. INDICATIONS / SUPPLIES DEPLETED Aspirate / Chondroma / Ovarian cyst
12. CONSULTATION ☐ Referral ☐ Requested ☐ Pending ☐ Specialty ☐ Work status to be determined by specialist.

13. ESTIMATED LENGTH OF TREATMENT (in weeks) 11/21/03

14. K STATUS ☐ First Aid Case

15. RETURN TO WORK ☐ Continue to work without restrictions

16. IF THE BALANCE OF THIS SHIFT ONLY THEN RTW ON ☐ Full ☐ Modified duty. ☐ Re-evaluate work status before next shift.

17. IF WORK, ESTIMATED PERIOD OF TOTAL TEMPORARY DISABILITY 11/21/03 days.

18. RETURN TO WORK AS OF 11/21/03 with the restrictions indicated below. Estimated duration of modified duty is 11/21/03 days.

19. NO MORE THAN MOVING MACHINERY ☐ No ☐ Limited use of R/L hand ☐ No ☐ Limited standing or walking ☐ No ☐ Limited overhead work ☐ No ☐ Limited stooping and bending ☐ No ☐ Limited kneeling or squatting ☐ No ☐ Limited lifting ☐ LUL ☐ PUL ☐ PUSH
Up to: ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs ☐ 75 lbs
☒ No climbing

20. MEDICAL STATUS WAS DISCUSSED WITH EMPLOYER REPRESENTATIVE Veronica

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

21. LARGE STATUS ☐ Patient discharged as cured without ratable disability.
☐ Patient discharged as permanent and stationary with ratable disability and/or need for future medical care. A PR-3 to follow.
☐ NON-INDUSTRIAL Patient instructed to see physician at own expense.

22. ANY TREATING PHYSICIAN

23. I am under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code Section 139.3

24. Signature: [Signature] Date of Exam: 11/21/03

25. S. HEALTHWORKS (SCIRENTO MESA 999) DEERLIN DRIVE, SUITE 100 SAN DIEGO, CA 92121 Tel: (619) 455-6200

26. YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON: 11/21/03 ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN
27. YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON: 11/21/03 ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

Name: Last: Candali First: Amos Date of Exam: 11/25/03 Case #: 103015938
SS#: 991-96-6351 Date of Birth: 11/27/69 Date of Injury: 11/20/03 Claim #:
Employer: TREX ENTERPRISES Contact: VERONICA LUNA Tel.: (858) 646-5300 Fax: 858 646-5581
Claims Administrator: KEMPER INSURANCE GROUP Tel.: (800) 800-7885 Fax:

PATIENT STATUS Since the last exam, this patient's condition has:
☒ improved as expected ☐ improved, but slower than expected ☐ work status pending PR2
☐ worsened ☐ reached plateau and no further improvement is expected ☐ not improved significantly
☐ been determined to be non-work related

DIAGNOSES (Include ICD-9 code, if possible)

928.3 CRUSH INJURY TOES
928.0 FRACTURE/TOE

DOL 2-6-03

TREATMENT

☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue Therapy: _____ times / week for _____ weeks ☐ Other _____
☐ Medications / Supplies Dispensed _____
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist.
Estimated length of treatment is now _____ weeks

WORK STATUS

☐ First Aid Case

☐ Return / ☐ Continue to work without restrictions.
☐ Off the balance of this shift only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Off work. Estimated period of total temporary disability _____ days.
☒ Return to work as of 11/25/03 with the restrictions indicated below. Estimated duration of modified duty is 7 days.

() No work near moving machinery ☒ Sit down job.
() No / () Limited use of R / L hand to _____ hrs/day ☒ Must wear: () Splint () Immobilizer () Back support () Cage
() No / ☒ Limited standing or walking to _____ hrs/day ☒ Other POST OP SHOE
() No / () Limited overhead work to _____ hrs/day () Must keep _____ elevated
() No / () Limited stooping and bending to _____ hrs/day () Keep wound/bandage clean and dry
☒ No / () Limited kneeling or squatting to _____ hrs/day () Must take a _____ minute stretch break every _____ minutes from
() No / () Limited () Lift () Pull () Push () Keyboard / () _____
Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs () Other _____
☒ No climbing

☐ Medical status was discussed with employer representative. Name _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS

☐ Patient discharged as cured without ratable disability.
☐ Patient discharged as permanent and stationary with ratable disability and/or need for future medical care. A PR-3 to follow
☐ NON-INDUSTRIAL. Patient instructed to see physician at own expense.

TREATING PROVIDER

Name: IBBELS, TERRENCE Lic. #: C31826 Date of Exam: 11/25/03
Specialty: _____ Signature: _____

Issued at: USHW of California - Surrento Mesa, 5897 OBERLIN DRIVE, SUITE 100, SAN DIEGO, CA 92121 Tel: (858) 455-0200

Arrival Time: 2:30 PM Release Time: 3:10 PM Next Visit Date: 12/02/03 Time: 11:00 AM

Last Name: Candali First: August M.I.: _____ Date of Exam: 11/25/03 Case #: 103018938
 SSN: 551-96-6351 Date of Birth: 11/27/69 Date of Injury: 11/20/03 Claim #: _____
 Employer: TRSA ENTERPRISES Contact: VERONICA LUNA Tel: (458) 646-5200 Fax: 658 646-5281
 Insurance: KEMPER INSURANCE GROUP Tel: (800) 800-7885 Fax: _____

Reason for Submitting Report (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)
☐ Significant change in patient's condition ☐ Need for referral or consultation ☐ Injury requested by: _____
☐ Significant change in work status ☐ Need for surgery or hospitalization ☐ Discharged _____
☐ Significant change in treatment plan ☐ Periodic Report (45 days after last report) ☒ Other: all

Current Status Since the last exam, this patient's condition has:
☒ Improved as expected ☐ Improved, but slower than expected ☐ Not improved significantly
☐ Worsened ☐ Reached plateau and no further improvement is expected ☐ Been determined to be non-work related

Active Complaints (Document and describe significant complaints if this report qualifies as mandatory.)

less swelling, pain

Active Findings (Document significant exam findings, lab, imaging, and other diagnostic tests if this report qualifies as mandatory.)

Arthralgia & edema
ROM

Injuries (Include ICD-9 code, if possible)

fracture (C) great toe

Office Visit / Injury Treatment: ☐ Start ☐ Continue Therapy: _____ times / week for _____ weeks ☐ Other: _____

Medications / Supplies Dispensed: _____

Consultation / Referral: ☐ Requested ☐ Pending. Specialty: _____ ☐ Work status to be determined by specialist.

Estimated length of treatment is now _____ weeks

Work Status ☐ First Aid Case

Return / ☐ Continue to work without restrictions.

Off the balance of this shift only. Then RTW on ☐ Full ☐ Modified duty. ☐ Re-evaluate work status before next shift.

Off work. Estimated period of total temporary disability: _____ days.

Return to work as of 11/25/03 with the restrictions indicated below. Estimated duration of modified duty is _____ days.

- ☐ No work near moving machinery
- ☐ No ☐ Limited use of R / L hand to _____ hrs/day
- ☐ No ☐ Limited standing or walking to _____ hrs/day
- ☐ No ☐ Limited overhead work to _____ hrs/day
- ☐ No ☐ Limited stooping and bending to _____ hrs/day
- ☒ No ☐ Limited kneeling or squatting to _____ hrs/day
- ☐ No ☐ Limited ☐ Lift ☐ Pull ☐ Push
- Up to: ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs ☐ _____ lbs
- ☒ No climbing
- ☒ Sit down job
- ☒ Must wear ☐ S: first ☐ Immobilizer ☐ Back support ☐ Cast
- ☐ Must keep _____ her Foot of toe elevated
- ☐ Keep wound/burn/eye clean and dry
- ☐ Must take a _____ minute stretch break every _____ minutes from
- ☐ Keyboard / () _____
- ☐ Other _____

Medical status was discussed with employer representative _____

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

Discharge Status ☐ Patient discharged as cured without retirable disability.
☐ Patient discharged as permanent and stationary with retirable disability and/ or need for future medical care. A PR-3 to follow.
☐ NON-INDUSTRIAL Patient instructed to see physician at own expense.

Primary Treating Physician

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Physician: _____ Cal. Lic. # C31826 Date of Exam: 11/25/03
 Specialty: _____ Signature: _____

located at: USHW of California - Sorrento Mesa, 5897 OBERLIN DRIVE, SUITE 100, SAN DIEGO, CA 92121 Tel: (858) 455-0200

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:						YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:					
<input type="checkbox"/> MON	<input checked="" type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
DATE: _____						DATE: _____					
TIME: _____						TIME: _____					



Cendaly Anna Incident #: 103-11938 Date: 11-21-03

Related Symptoms: ☐ None (Check all that apply) ☒ Right toe

☒ Yes ☐ No Leg pain? ☒ Yes ☐ No Leg numbness or tingling? ☐ Yes ☒ No Leg weakness? ☒ Yes ☐ No Pain with motion? ☐ Yes ☐ No Swelling? ☒ Yes ☐ No Restricted motion? ☒ Yes ☐ No Other: _____

INATION: ☐ Right ☒ Left (Check all that apply and explain any Yes answers below)

1. ☐ Yes ☒ No Dislocated to time, place and person and/or non-plant?

2. ☒ Yes ☐ No Abnormal gait? Minimal - mild limp

3. ☒ Yes ☐ No Erythema, ecchymosis, scars, swelling, masses or deformities in feet or ankles?

4. ☒ Yes ☐ No Points of tenderness in feet or ankles?

**LOOK AT DOL 2-6-03
REPORT**

Range of Motion

☐ Yes ☐ No Restrictions to the ankle's range of motion? (If Yes, specify restrictions below)

Dorsiflexion R/L 20° Plantar Flexion R/L 50° Inversion R/L 30° Eversion R/L 20°

☒ Yes ☐ No Restrictions to the Great Toe's range of motion? (If Yes, specify restrictions) MT: R L IP: R L

☐ Yes ☐ No Restrictions to the Lesser Toes' ROM? (If Yes, specify restrictions) Toes #: MT: R L IP: R L

Neurological/Vascular

☐ Yes ☐ No Muscle weakness? (If Yes, grade any weakness) Dorsiflexion R L / 5 Plantar Flexion R L / 5

☐ Yes ☐ No Abnormal deep tendon reflexes? (If Yes, grade the response)

Patellar reflex (L2-4) R L / 2 Achilles reflex (S1) R L / 2

☒ Yes ☐ No Any sensory changes to light touch and pinprick?

☐ Yes ☐ No Asymmetry or decrease in distal pulses? (If Yes, grade the intensity) Dorsal Pedal R L / 5 Post. Tibial R L / 5

12. ☐ Yes ☒ No Abnormal exam of the ipsilateral hip, thigh, knee or leg?

Stress and Tests

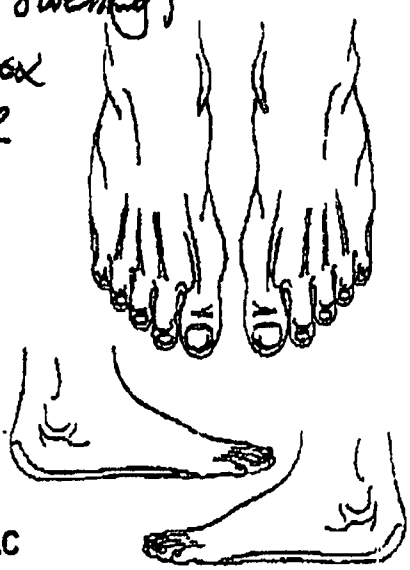
☐ Neg ☐ Pos Inversion Stress Test for lateral instability of ankle. 14. ☐ Neg ☐ Pos Inversion Stress test for medial instability of ankle.

☐ Neg ☐ Pos Anterior Drawer Sign for instability of the ankle joint. 15. ☐ Neg ☐ Pos Thompson Squeeze test for Achilles tendon integrity.

☐ Neg ☐ Pos _____ 16. ☐ Neg ☐ Pos _____

Location of abnormalities and other physical findings:

Right toe - mild dorsal, prox ecchymosis, mild swelling,
1 cm to IP joint, mild to over prox
phalanx + tip, sensation to LT over
tip.



ORIGINAL X RAYS AVAILABLE No 25496c

Other injuries associated with this incident: NONE (Document appropriately)

IMAGING TESTS: Radiographic series of the R ☒ Ankle ☐ Foot ☒ Other: Right toe Number of views X-Ray #:

Results: Wet x-ray reading: ☐ Normal ☒ Abnormal Non-displaced fx of medial base of prox
phalanx with nailbed and nail, no fracture

USHW of California - Sorrento Mesa

Case # 103015938

DOCTOR'S FIRST REPORT OF OCCUPATIONAL ILLNESS OR INJURY

2. EMPLOYER TREX ENTERPRISES		INSURER BROADSPIRE/CALIFORNIA RE		PLEASE DO NOT USE THIS COLUMN CASE NO.
3. Street Address 10455 PACIFIC CENTER CT City, State, Zip SAN DIEGO CA 92121		Street Address P.O. BOX 25100 City, State, Zip LEHIGH PA 18002		
4. Business Type		Claim # 792145914		
5. PATIENT NAME (First, Middle, Last) Cendali, Amos		6. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	7. Date of Birth 11/27/69	Industry
8. Address: No. and Street City 10465 Pacific Center San Diego		Zip 92121	9. Telephone Number (858) 254-6367	County
10. Occupation (Specific Job Title) Facility Worker		11. Social Security Number 551-96-6351		Age
12. Injured at: 10455 PACIFIC CENTER CT		City SAN DIEGO	County SAN DIEGO	Hazard
13. Date and hour of injury or onset of illness 11/20/03 3:30 PM		14. Date last worked Mo. Day Yr. 11/20/03		Disease
15. Date and hour of first examination or treatment 11/21/03 12:26 PM		16. Have you (or your office) previously treated patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hospitalization
17. PATIENT, PLEASE DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED (Be specific) PATIENT STATES THAT YESTERDAY AT WORK, HE WAS PUSHING ELECTRICAL BOX PANEL ALONG FLOOR AND IT GOT STUCK, TIPPING OVER ONTO LEFT GREAT TOE. HAD IMMEDIATE SEVERE PAIN IN LEFT GREAT TOE. PAIN BETTER 15 MINUTES LATER WITH ICE.				Occupation Return Date Code

18./19./20. SUBJECTIVE COMPLAINTS/OBJECTIVE FINDINGS/DIAGNOSIS Chemical or toxic compounds involved? ☐ Yes ☒ No
 SUBJECTIVE COMPLAINTS: COMPLAINING OF PAIN IN LEFT GREAT TOE. POSITIVE
 NUMBNESS LEFT GREAT TOE LAST EVENING. BETTER SENSATION TODAY. TAKING
 IBUPROFEN WITH RELIEF. PAIN WITH DRIVING AND WALKING. NO
 FEVER/CHILLS/NAUSEA/VOMITING.

OBJECTIVE FINDINGS: LEFT GREAT TOE-MILD DORSAL PROXIMAL ECCHYMOSES, MILD
 SWELLING, DECREASED RANGE OF MOTION AT INTERPHALANGEAL JOINT, MILD
 TENDERNESS TO PALPATION OVER PROXIMAL PHALANX AND TIP, DECREASED SENSATION
 TO LIGHT TOUCH OVER TIP. MINIMAL-MILD LIMPING.

DOL 11-20-03

DOL 2-6-03

Diagnosis: 928.3 CRUSH INJURY TOES

826.0 FRACTURE/TOE

X-ray and laboratory results (state if none or pending) **LEFT GREAT TOE-NON DISPLACED FRACTURE OF MEDI
 AL BASE OF PROXIMAL PHALANX NOT INVOLVING MUCH OF JOINT SPACE**

21. Findings consistent with patient's statement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22. Other condition that will impede recovery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain:
23. TREATMENT RENDERED PATIENT WAS EXAMINED AND VITAL SIGNS WERE TAKEN. LEFT GREAT TOE X-RAYS WERE PERFORMED. BUDDY TAPING LEFT TOES 1 & 2. PATIENT INSTRUCTED TO WEAR POST-OP SHOE WHICH HE ALREADY HAS. PATIENT SHOULD REST, ICE AND ELEVATE FOOT. IBUPROFEN 800MG, 1" COBAN AND 2" X 2"'S WERE DISPENSED.		

24. If further treatment required, specify treatment. **11/25/03**

Estimated Days **4**
 Date Admitted Estimated stay

25. If hospitalized as inpatient, give hospital name and location

26. WORK STATUS Is patient able to perform usual work? ☐ Yes ☒ No If no, extended return date to:
 Regular Work

1/20/0413:02-212P2164-

8C IN VERIFIES TD 384.53 FROM 112103/PRESENT. ANDRIA 651 310 3556

1/14/0413:30-212D1444-LETTERS FROM WC,DATED 121103.. CLAIM IS ON DELAYED.
OFF.

1/13/0407:51-212D3833-

8A; VERONICA LUNA; CONFIRMS WCC. DOI 112003

1/13/0407:34-212D3833-1) ISSUE: ER INFORMATION

) SOURCE: 2503

) COMMENTS:

ERONICA LUNA; 858.646.5459

MPLOYMENT WAS TERMINATED FOR CAUSE, NOT RELATED TO INJURY

CC: THE ST PAUL

385 WASHINGTON ST

20 PF6 LAST PAGE / PF2 FIRST PAGE

597 PF8 NEXT PAGE / PF7 PRIOR PAGE

LAW OFFICES OF BRIAN W. COLLINS, INC.
 1980 Orange Tree Lane, Ste. 105
 Redlands, CA 92373
 (909) 835-7010

Attorneys for Defendant,
 Trex Enterprises Corporation

STATE OF CALIFORNIA
 WORKERS' COMPENSATION APPEALS BOARD

AMOS CENDALI,

Petitioner,

vs.

TREX ENTERPRISES CORPORATION;
 ST. PAUL MERCURY INSURANCE CO.,
 BROADSPIRE

Defendant(s).

) WCAB Case No: SDO 0317134; and
) SDO 0323292

) ANSWER TO APPLICANT'S
) ALLEGATIONS AND SPECIFICATIONS
) OF SERIOUS AND WILLFUL
) MISCONDUCT OF THE EMPLOYER

AC

COMES NOW, Defendant, Trex Enterprises Corporation (referred to herein as "Trex" or "Defendant"), by and through its attorneys of record, LAW OFFICES OF BRIAN W. COLLINS, INC., and file this Answer to Applicant's Allegations and Specifications of Serious and Willful Misconduct of the Employer (the "Application for Additional Benefits") and would respectfully show the Court as follows:

Defendant denies each and every allegation contained in the Application for Additional Benefits and demands strict proof thereof. Defendant specifically denies any violation of Labor Code Section 4553.

Further, Defendant Trex asserts that this claim is barred.

1073

1 Wherefore, Defendant Trex requests that the Board wholly
2 deny any and all relief requested in the aforesaid 132(a)
3 petition and for such other and further relief deemed just and
4 proper.

5 Dated this 4th day of January, 2006.

6 Respectfully submitted,

7 LAW OFFICES OF BRIAN W. COLLINS, INC.

8
9 By: Joel Henderson, Flaring Rep.

10 Attorney for Defendants
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STATE OF CALIFORNIA)

PROOF OF SERVICE BY MAIL

COUNTY OF SAN BERNARDINO)

I am employed in the aforesaid county, State of California. I am over the age of 18 years and not a party to the within action. My business address is Law Offices of Brian W. Collins, Inc., 1980 Orange Tree Lane, Suite 105, Redlands, CA 92374. On January 4, 2006, I served or caused to be served the foregoing document described as Answer to Allegation of Serious and Willful Misconduct on the interested parties in this action.

[X] a true copy thereof enclosed in a sealed envelope(s) addressed as follows:

Broadspire
Attn: Cynthia Cali
Claim NO. 792-CU-145914, 149148
Post Office Box 15810
Sacramento, CA 95852

Gray & Prouty (for St. Paul)
4025 Camino del Rio, ste. 105
San Diego, CA 92108

Amos Cendali
1112 Portola Avenue
Spring Valley, CA 91977

St. Paul Mercury Insurance
P.O. Box 64907
St. Paul, MN 55164-0907

Trex Enterprises Corp.
Attn: Nick Amicone, Dir. H.R.
10455 Pacific Center Court
San Diego, CA 92121-4339

Shelburne Sherr Court Rept.
501 W. Broadway, suite 1330
San Diego, CA 92101

[X] (BY MAIL) I caused such envelope(s) with postage thereon fully prepaid to be placed in the United States mail at Redlands, California.

[] (BY PERSONAL SERVICE) I delivered such envelope(s) by hand to the offices of the addressed.

[X] (STATE) I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 4, 2006, at Redlands, California.

RE: CENDALI, AMOS
October 4, 2005

2

I note Amos Cendali's injury was to his left great toe on November 20, 2003, and I note the working diagnoses were:

1. Comminuted fracture minimally displaced, proximal phalanx left great toe, 2/06/2003, healed.
2. Fracture distal phalanx left great toe with associated symptoms of sesamoiditis, secondary to the injury of 11/20/2003, persisting and symptomatic.

At the time of my evaluation on June 28, 2004, I opined a foot and ankle specialist should be consulted as to the diagnosis of a sesamoiditis, the known facts of a fracture of the proximal phalanx and distal phalanx of the left great toe, and noted Mr. Cendali had sustained two injuries to his left great toe, with the first on February 6, 2003 and the second on November 20, 2003.

In my report of June 28, 2004, I noted it had been seven months since the injury occurred. I noted Mr. Cendali's current complaint and the physical findings about the left great toe/left forefoot.

I indicated Mr. Cendali was not permanent and stationary for rating purposes as healing was in progress and had not become complete.

I recommended a foot and ankle specialist be consulted which was apparently done. Mr. Cendali was examined by Dr. Sharon Dreeben. Dr. Dreeben recommended a triple-phase bone scan which was performed at her request on March 16, 2005 at Radiology Medical Group and was reported as essentially negative.

I further noted Dr. Dreeben's comment that were the study negative she did not believe there was anything else she would be able to do.

I noted Mr. Cendali was of the opinion his left foot remained unacceptably symptomatic, and he continued to experience pain in the left foot, specifically, the left great toe.

I indicated Mr. Cendali would be best accommodated if he could sit a while, stand a while, and walk a while, and noted he was wearing a steel-toed sneaker with a foot insert of a gel-type material.

I indicated with the information presently known Mr. Cendali should be re-examined by Dr. Dreeben who could give a final recommendation as to whether any additional foot/ankle surgery would be indicated.

I indicated I would be happy to re-examine Mr. Cendali after the consultation with Dr. Dreeben had been completed.

RE: CENDALI, AMOS
October 4, 2005

5

REASONS FOR OPINIONS

My opinions are based on a history taken from Amos Cendali by myself, a review of medical records and special studies regarding his injuries by myself, my personal experience in treating foot and ankle disorders, both conservatively and, when necessary, surgically, and my knowledge of established medical principles regarding the lower extremities and their treatment.

Approximately one hour of my professional time was required to review my entire file on Amos Cendali, review literature pertinent to forefoot and great toe injury, perform necessary research, assemble the material into meaningful form, and to dictate the final report.

Issues of causation and apportionment are addressed.

This report is billed therefore as an ML104-94-97 level of services provided and billed at the current medical/legal rate.

If I can be of any further assistance in this matter, please do not hesitate to contact me.

AFFIDAVIT OF COMPLIANCE:

"In compliance with Labor Code §4628(b), §4628(j) and §5703(a)(2) and Regulation 9795, I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

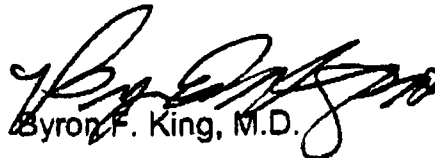
"I further declare under penalty of perjury that I personally performed the evaluation on the date and at the location stated on the face sheet of this report and that, except as stated herein, the evaluation was performed under, and the time spent performing the evaluation, was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to §5307.6 of the California Labor Code."

"I further declare under penalty of perjury that I have not violated the provisions of California Labor Code §139.3 with regard to the evaluation of this patient or the preparation of this report."

Date of Report: October 4, 2005

Signed this 17th day of January 2006, in San Diego County California.

Sincerely,


Byron F. King, M.D.

BFK/cmm

cc: St Paul Fire & Marine/ Attn: Andrea Primus

BYRON F. KING M.D., INC.
Diplomate of The American Board of Orthopaedic Surgery

Agreed Medical Examiner
Qualified Medical Examiner
Independent Medical Examiner

October 4, 2005

Hand Surgery
Orthopaedic Surgery
Arthroscopic Surgery

James B. James, Esq.
LAW OFFICES OF GRAY & PROUTY
4025 Camino Del Rio S., Suite 105
San Diego, CA 92108

Brian C. Mitchell, Esq.
LAW OFFICES OF MITCHELL & SHEA
1540 6th Avenue
San Diego, CA 92101

RE:	CENDALI, AMOS	#37242
EMP:	Trex Enterprises Corp.	
CLM #:	WV A610147122A001	
WCAB#:	SDO 323292	
DOI:	11/20/2003	
DOS:	10/04/2005	

AGREED MEDICAL EXAMINER'S SUPPLEMENTAL REPORT (ML104-94-97)

Today, October 4, 2005, I have had the opportunity to review and respond to a request for additional information on Amos Cendali from James B. James, Esq., legal counsel for the defense.

Amos Cendali is represented by Brian C. Mitchell, Esq.

In a letter dated August 11, 2005 and date stamped into my office on August 15, 2005, Attorney James acknowledges my Agreed Medical Examiner's Report of June 21, 2005 and my recommendation that Amos Cendali return to Dr. Sharon Dreeben, a foot and ankle specialist, for follow-up care.

Attorney James also indicates a three-phase bone scan requested by Dr. Dreeben on January 11, 2005 as reported as normal by Dr. Buckley, a radiologist.

Mr. James indicates Dr. Dreeben had indicated should the study be negative there was nothing further that could be done. Mr. James requests that I submit a final permanent and stationary report on Amos Cendali.

In order to do so, I reviewed my file on Amos Cendali including my Agreed Medical Examiner's Reports dated June 28, 2004 and June 21, 2005.

UNUM will not pay a benefit for any period of disability during which you are incarcerated.

WHAT IS A PRE-EXISTING CONDITION?

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; or you had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 3 months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

WHAT HAPPENS IF YOU RETURN TO WORK FULL TIME AND YOUR DISABILITY OCCURS AGAIN?

If you have a **recurrent disability**, UNUM will treat your disability as part of your prior claim and you will not have to complete another elimination period if:

- you were continuously insured under the plan for the period between your prior claim and your recurrent disability; and
- your recurrent disability occurs within 6 months of the end of your prior claim.

Your recurrent disability will be subject to the same terms of this plan as your prior claim.

Any disability which occurs after 6 months from the date your prior claim ended will be treated as a new claim. The new claim will be subject to all of the policy provisions.

If you become entitled to payments under any other group long term disability plan, you will not be eligible for payments under the UNUM plan.

CERTIFICATE OF COVERAGE

UNUM Life Insurance Company of America (referred to as UNUM) welcomes you as a client.

This is your certificate of coverage as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

UNUM has written your certificate of coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult UNUM's claims paying office. UNUM will assist you in any way to help you understand your benefits.

If the terms and provisions of the certificate of coverage (issued to you) are different from the policy (issued to the policyholder), the policy will govern. Your coverage may be cancelled or changed in whole or in part under the terms and provisions of the policy.

The policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. When making a benefit determination under the policy, UNUM has discretionary authority to determine your eligibility for benefits and to interpret the terms and provisions of the policy.

For purposes of effective dates and ending dates under the group policy, all days begin at 12:01 a.m. and end at 12:00 midnight at the Policyholder's address.

UNUM Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

Trex Enterprises Corporation

Your Group Long Term Disability Policy

Policy No. 552549.011

Underwritten by Unum Life Insurance Company of America

Trex Enterprises Corporation

**Your Group Life & Accidental Death and
Dismemberment Plan**

Policy No. 552549.012

Underwritten by Unum Life Insurance Company of America

COUNT 4. (5 Pages) Attached the evidence supporting the charge

THE JUSTIFICATION OF THE US HEALTH WORKS MEDICAL GROUP PRACTICE.

EVIDENCE EXIBITS. (37) US Health Works Medical Group.

Date 2-6-03 Comminuted fracture 1st Proximal Phalanx. (original yellow receipt Case S 66584)

Date 2-6-03 Abnormal Comminuted fracture 1st Proximal Phalanx.

violating the Unum Life Insurance of America LTD provisions.

EVIDENCE EXIBITS. (37) b DOCTORS FIRST REPORT OF OCCUPATIONAL ILLNES OR INJ

Dated 2-6-03 Abnormal Comminuted fracture 1st Proximal Phalanx.

Diagnostic 826.0 Fracture Toe.

Box Indicating Work Status is the patient able to perform usual work (YES)

(NOTE) TTD for 3 Days off work. Trex accommodated my restrictions until I was back to speed.

violating the Unum Life Insurance of America LTD provisions.

UNUM LIFE INSURANCE OF AMERICA, LTD POLICY.

PROIVITIONS FOR PRE EXISTING CONDITIONS

You received medical treatment, consultation, care or service in the 3 months just prior

to your effective date of coverage.

what the intent was to make it look like I had a (occupational illneee) means any (abnormal condi

or disorder caused by exposure to environmental factors associated with employment etc.



MEDICAL GROUP TREX ENTERPRISES

66584

STATE OF CALIFORNIA
Division of Workers' Compensation
AN'S PROGRESS REPORT (PR-

Patient Last DOS: 2/06/03 DOI: 2/06/03 DOB: 11/27/69 Inc.#:
 SS# Patient: Cendali, Amos Claim#
 Employer: Case # : 103-009438 Ref # : Injury Fax:
 Claims Administrator Tel: Fax:

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)

- ☐ Significant change in patient's condition ☐ Need for referral or consultation ☐ Info. requested by:
☐ Significant change in work status ☐ Need for surgery or hospitalization ☐ Discharged
☐ Significant change in treatment plan ☐ Periodic Report (45 days after last report) ☒ Other: 1st visit

PATIENT STATUS Since the last exam, this patient's condition has: N/A

- ☐ improved as expected ☐ improved, but slower than expected ☐ not improved significantly
☐ worsened ☐ reached plateau and no further improvement is expected ☐ been determined to be non-work related

SUBJECTIVE COMPLAINTS (Document and describe significant complaints if this report qualifies as mandatory.)see chart**OBJECTIVE FINDINGS** (Document significant exam findings, lab, imaging, and other diagnostic testing if this report qualifies as mandatory.)original
yellow
copy
available
AC**DIAGNOSES** (Include ICD-9 code, if possible)Comminuted Fracture @ distal toe Proximal Phalanx**TREATMENT**

- ☒ Office Visit / Injury Treatment ☐ Start / ☐ Continue P. Therapy: times / week for weeks ☐ Other
☒ Medications / Supplies Dispensed Ibuprofen 800mg, T#3, Cheteches / quit the in in
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending Specialty ☒ Work status to be determined by spec
 Estimated length of treatment is now 6-8 weeks Post Op Shoe, Buddy Top

WORK STATUS

- ☐ First Aid Case
☐ Return / ☐ Continue to work without restrictions.
☐ Off the balance of this shift only. Then RTW on ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☒ Off work. Estimated period of total temporary disability 3-4 days.
☐ Return to work as of with the restrictions indicated below. Estimated duration of modified duty is days.
 () No work near moving machinery () Sit down job
 () No / () Limited use of R / L hand to hrs/day () Must wear ☐ Splint ☐ Immobilizer ☐ Back support ☐ Cage
 () No / () Limited standing or walking to hrs/day ☐ Other
 () No / () Limited overhead work to hrs/day () Must keep elevated
 () No / () Limited stooping and bending to hrs/day () Keep wound/bandage clean and dry
 () No / () Limited kneeling or squatting to hrs/day () Must take a - minute stretch break every minutes f
 () No / () Limited ☐ Lift ☐ Pull ☐ Push () Keyboard / ()
 Up to: ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs ☐ lbs () Other
 () No climbing

- ☐ Medical status was discussed with employer representative

IF NO MODIFIED WORK IS AVAILABLE AT PLACE OF WORK, EMPLOYEE SHOULD BE OFF WORK.

DISCHARGE STATUS ☐ Patient discharged from care effective this date. ☐ NON-INDUSTRIAL Patient instructed to see physician at own expense.**PERMANENT AND STATIONARY** ☒ No ☐ Yes as of ☐ with/ ☐ without permanent work restrictions or ratable factors of permanent disability. Therefore, there is no need for future medical care.**PRIMARY TREATING PHYSICIAN**

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.
 Name Cal. Lic # Date of Exam 2/8/03
 Specialty: Signature (Original) [Signature]

Executed at: U.S. HealthWorks / Sorrento Mesa, 5897 Oberlin Drive, Suite 100, San Diego, CA 92121 Tel: (858) 455-0200 • Fax: (858) 455-0044

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS:

☐ MON ☐ TUE ☐ WED ☐ THUR ☒ FRI ☐ SAT
 DATE: 5/20/03 TIME: 7:30 AM ☐ Before / After Shift

YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS:

☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SA
 DATE: TIME: ☐ Before / After Shi

U.S. HEALTHWORKS MEDICAL GROUP

U.S. HEALTHWORKS MEDICAL GROUP, PC

Case# 103-009438

DOCTOR'S FIRST REPORT OF OCCUPATIONAL ILLNESS OR INJURY

2. EMPLOYER TREC ENTERPRISES		1. INSURER MEMBER INSURANCE GROUP		PLEASE DO NOT USE THIS CONTINUUM Case No.
3. Street Address 10455 PACIFIC CENTER CT City, State, Zip SAN DIEGO CA 92121		Street Address P.O. BOX 157144 City, State, Zip PLANTATION FL 33316 Claim # 792145914		
4. Business Type		5. PATIENT NAME (First, Middle, Last) Gendall, Annos		Industry
6. Sex X Male <input type="checkbox"/> Female		7. Date of Birth 11/27/69		
8. Address: No. and Street City 1112 Portals Rd. Spring Valley		Zip 91977		County
9. Telephone Number (619) 468-8045		10. Social Security Number 551-96-6351		
10. Occupation (Specify Job Title) Facilities		11. Date last worked Mo. Day Yr. 7/06/03		Age
12. Injured at 10455 PACIFIC CENTER CT City SAN DIEGO		County SAN DIEGO		
13. Date and hour of injury or onset of illness 2/06/03 3:00 PM		14. Date last worked Mo. Day Yr. 7/06/03		Hazard
15. Date and hour of first examination or treatment 2/06/03 3:50 PM		16. Have you (or your office) previously treated patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
17. PATIENT, PLEASE DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED (Be specific) "PAIN IN LEFT FOOT."				Occupation
				Return Date Code

18/19/20. SUBJECTIVE COMPLAINTS/OBJECTIVE FINDINGS/DIAGNOSIS Chemical or toxic compounds involved? ☐ Yes ☒ No

SUBJECTIVE COMPLAINTS: PATIENT STATES THAT APPROXIMATELY 1:30 PM TODAY AT WORK HE WAS MOVING FURNITURE (HEAVY TABLE) AND PLACED TABLE ON IT'S SIDE TO FIX LEGS. TABLE FELL ONTO LEFT FOOT, POSITIVE TINGLING IN LEFT TOES. COMPLAINS ALSO OF PAIN IN DORSAL LEFT FOOT NEAR GREAT TOE. DENIES PRIOR LEFT FOOT PROBLEM. COMPLAINT 1: PAIN. LOCATION: LEFT DORSAL FOOT. QUALITY: SHARP, DULL, TINGLING, BURNING, SEVERITY: SEVERE. TIMING: CONSTANT. MODIFYING FACTORS: EXAGGERATED BY: INCREASED PAIN WITH TUBI DOWN. OBJECTIVE FINDINGS: ALERT AND ORIENTED X 3. ABDOMINAL GAIT. ERYTHEMA, ECCHYMOSIS, SCARS, SWELLING, DEFORMITY IN FOOT AND ANKLE. POINTS OF TENDERNESS IN FOOT/ANKLE. RESTRICTIONS TO THE GREAT AND LESSER TOE'S RANGE OF MOTION. UNABLE TO BEAR WEIGHT ON LEFT FOOT-WEEL CHAIR. MODERATE SWELLING/ECCHYMOSIS OF DISTAL DORSAL FOOT IN AREA OF DISTAL METATARSALS 1 AND 2 WITH MODERATE SEVERE TENDERNESS TO PALPATION. MODERATE TENDERNESS TO PALPATION GREAT TUE WITHOUT ECCHYMOSIS/SWELLING, ANIL INTRACT. NO SUBCUTANEOUS HEMATOMA/ECCHYMOSIS. DECREASED RANGE OF MOTION TUE'S 1 & 2. CAPILLARY REFILL LESS THAN 2SEC.



Attachment

Circumstances: 026.0 FRACTURE/TBL

X-ray and laboratory results (state if none or pending) RADIOGRAPHIC SERIES OF THE LEFT FOOT. 2 VIEWS. FINDINGS: COMMINUTED FRACTURE 1ST PROXIMAL PHALANX, (GREAT TOE).

21. Findings consistent with patient's statement?	22. Other condition that will impede recovery	Explain:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

23. TREATMENT RENDERED

PATIENT WAS EXAMINED AND VITAL SIGNS WERE TAKEN. HT: 5'8" WT: 165 P: 69. BP: 135/88, RESP: 20, TEMP: 97.7. ALLERGIES: NONE. MEDS: NONE. LAST TETANUS: UNKNOWN. INAPPROPRIATE. ACETAMINOPHEN. CRUTCHES. BUDDY TAPING. POST OP SHOE. GAIT TRAINING WAS DISPENSED. REFERRAL TO ORTHOPEDICS STAT. PATIENT VOICED UNDERSTANDING OF: AFTERCARE INSTRUCTIONS AND MEDICATION SIDE EFFECTS. WORK RESTRICTIONS AND EXPECTED PROGRESSION OF THE INJURY. OFF WORK. ESTIMATED PERIOD OF TOTAL TEMPORARY DISABILITY 1-4 DAYS.

24. If further treatment required, specify treatment. STAT ORTHOPEDICS

25. If hospitalized as inpatient, give hospital name and location.

Estimated Days 4

(Date A. Injured)

Estimated 1 stay

26. WORK STATUS: Is patient able to perform usual work? ☒ Yes ☐ No

Regular Work

Med Work

If no, extended return date to

Specify Restrictions:

Doctor's Signature

Name and Degree EDWARDS, JOHN

Address 5897 BERLIN DRIVE, SUITE 100 SAN DIEGO CA 92121

CA License 6674689

IRS Number 95-4643267

Phone (619) 553-4554

ANY PERSON WHO MAKES OR CAUSES TO BE MADE ANY KNOWINGLY FALSE OR FRAUDULENT STATEMENT OR OMISSION OF MATERIAL INFORMATION FOR THE PURPOSE OF OBTAINING OR DEFENDING WORKERS COMPENSATION BENEFITS OR PAYMENT OF ANY OTHER BENEFIT

ANKLE-FOOT
New Patent
Page 2 of 2

DATE: 2-6-03

☐ Yes ☐ No Leg washing is?

☐ Other: _____

ପ୍ରତ୍ୟାଶ:

4. ☒ Yes ☐ No Points of tenderness in feet or ankles?

100-442887-100
 100-442887-100
 100-442887-100

Activity center (51) N _____

Page 10 of 10

1. Signature test for Activities (under integrity):

18. ☐ Neg ☐ Pos

Cap 1211

吳興書局

CONFIDENTIAL - FOR EYES ONLY

UNUM will not pay a benefit for any period of disability during which you are incarcerated.

WHAT IS A PRE-EXISTING CONDITION?

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; or you had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 3 months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

WHAT HAPPENS IF YOU RETURN TO WORK FULL TIME AND YOUR DISABILITY OCCURS AGAIN?

If you have a recurrent disability, UNUM will treat your disability as part of your prior claim and you will not have to complete another elimination period if:

- you were continuously insured under the plan for the period between your prior claim and your recurrent disability; and
- your recurrent disability occurs within 6 months of the end of your prior claim.

Your recurrent disability will be subject to the same terms of this plan as your prior claim.

Any disability which occurs after 6 months from the date your prior claim ended will be treated as a new claim. The new claim will be subject to all of the policy provisions.

If you become entitled to payments under any other group long term disability plan, you will not be eligible for payments under the UNUM plan.

Trex Enterprises Corporation

Your Group Long Term Disability Policy

Policy No. 552549.011

Underwritten by Unum Life Insurance Company of America

1 (COUNT 5 (5 Pages) Attached the evidence supporting the charge

2 Enforcing the Unum Life Insurance of America portability policy

3 The entire outstanding principal and accrued interest shall be immediately due and payable.

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A Review of UNUM Life Insurance of America Certificates.

2211 Congress St, Portland, Main 04122

Trex Enterprises Corp

Your Group Long Term Disability Policy

Policy No: 5525-49.011

BENEFITS AT A GLANCE

Employer Original Plan

Effective Date: August 1, 2000

Policy Number: 552549 011

Eligible Group(s):

All Employees in active employeant.

WHEN DOUSE YOUR COVERAGE END?

Your coverage under the policy or a plan ends on the earliest of:

- the date the policy or a plan is cancelled
- the date you no longer are in an eligible group.

EVIDANCE EXIBIT (2) Trex Enterprises Corp Termination Letter Dated 11-21-2003

EVIDANCE EXIBIT (5) St Paul Insurance Accepted Liability WC Claim DOF 11-20-2003

ERISA

SUMMARY PLAN DESCRIPTION

Plan Identification Number:

a. Employer IRS Identification N. 33-0913574

b. Plan N. 505

Plan Year Ends, December 31

1 Douse unum policy replace or affect any workers compensation or state disavility Insurance
2 the policy doss not replace or effect the requirements for coverage by any workers compensation
3 or state disavility insurance.

4
5
6 EVIDANCE EXIBIT (2) Trex Enterprises Corp Termination Letter Dated 11-21-2003

7 EVIDANCE EXIBIT (5) St Paul Insurance Accepted Liability WC Claim DOI:11-20-2003

8 EVIDANCE EXIBIT (5) St Paul Insurance PD Initial base Check stube WC Claim DOI:11-20-2003

9 EVIDANCE EXIBIT (8) Unum Life Insurance of America Original LTD Certificate Policy
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A Review of UNUM Life Insurance of America Certificate of Coverage.

Trex Enterprises Corp

Your Group Life & Accident Death and Dismemberment Plan.

Policy No: 552549.012

BENEFITS AT A GLANCE

LIFE INSURANCE PLAN

Employer Original Plan

Effective Date August 1, 2000

Identification Number: 552549 012

Eligible Group(s)

All Employees in active employment in the united states with the employer

WHEN DOES YOUR COVERAGE END ?

Your coverage under the Summary of Benefits or plan ends on the earliest of

the date the Summary of Benefits or a plan is canceled

the date you no longer are in an eligible group

the date your eligible group is no longer covered

the last day of the period for which you made any required contribution, or

the last day you are in active employment unless continued due to a labor dispute

or due to a covered layoff or leave of absence or DUE TO AN INJURY or sickness, as

described in this certificate of coverage.

EVIDENCE EXHIBIT (5) St Paul Insurance Accepted Liability WC Claim DOL-11-20-2003

SUMMARY PLAN DESCRIPTION

Name of Plan: Trex Enterprises Corp, Policy Number 292000, Identification Number 552549

Plan Identification Number:

a. Employer IRS Identification N. 33-0913574 b. Plan N. 505, Plan Year Ends: December 31

TYPE OF ADMINISTRATION, Insurer Administrator.

PORTABLE INSURANCE COVERAGE AND AMOUNTS AVAILABLE

The portable Insurance coverage will be the current coverage and amounts that you are insured for under your Employer's group plan.

However, the amount of portable coverage for you will not be more than:

- the highest amount of life insurance available for employees under the plan, or
- 5x your annual earnings or
- \$750,000.00 from all UNUM group life and accidental death and dismemberment plans combined.

SUMMARY PLAN DESCRIPTION

Trex Enterprises Corp 401 (K) Savings Plan

I. Basic Plan Information

Your Employer federal tax identification number is 33-0913574.

B. Distributable Events.

2. Disability

If you become disabled while you are employed by your Employer or a Related Employer, so that you are eligible for Disability benefits under your Employer's Long Term Disability Plan or eligible for Social Security disability benefits, the full value of your Account balance may be distributed to you upon request. You will automatically become 100% vested in your account balance when you become disabled. You may request a Distribution of your Account balance only if you terminate your employment with your Employer or Related Employer.

K. Gray
P. Welch, Inc.
B. James
a Schaffner, Inc.
B. Hazen
Shan M. Berger
rry M. Dixon
colan D. Schick

Gehring C. Prouty (1947 - 1998)

n R. Banks, Inc.
tpb A. Hernandez
nifer A. Haber
nk M. Judzio
id J. Mitchell
unh Le Kwan
id J. Denshiki

C. Kemplon
Kelly J. Har
Roger A. Carozan
Christopher L. Herritt
Diane L. Gray
Daniel R. Brown
Christopher Cooley

Lynne Pearson Houry
Jill S. Grathwohl
G. Bruce Sutherland
Thomas E. Mullen
David J. Gittelman
Dawn C. Nelson
Joanne Marecek

A PROFESSIONAL CORPORATION

SAN DIEGO OFFICE

4025 CAMINO DEL RIO S. SUITE 105
SAN DIEGO, CA 92108

PHONE (619) 521-2660

FAX (619) 521-2655

EMAIL gpsandiego@grayandprouty.com

www.grayandprouty.com

Kathleen L. Wilson
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Rosa M. Hernandez
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Tracy Sturtevant
Jill M. Klein
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Jason P. Williams
Tiffany A. Boyland
Michael McConville
Maureen A. Terheyden
Jeff M. Stimmi
Robin R. Horner
J. Wellington Glover
Robert L. Banfield

David W. Tate
Barry A. Saperstein
David R. Hunt
Peter E. Cummings
C. Geoffrey Alford
David M. Murphy
Zahra Khoury
Karen L. Anderson

Of Counsel

James C. Hazen
* Licensed in Hawaii
** Licensed in Nevada
+ Licensed in New York
++ Licensed in New Jersey

May 23, 2006

Dr. Curt Thomas, D.P.M.
5525 Grossmont Center Drive, 3rd Floor
La Mesa, California 91942

Re: Employee : Amos Cendali
Employer : Trex Enterprises
Case Number : SDO 0323292
Claim Number : WV A610147122A001

Dear Dr. Thomas:

It is our understanding that you are scheduled to provide a treatment consult for Mr. Amos Cendali on May 23, 2006 at 8:30 a.m. on his Workers' Compensation claim. You may recall that the appointment was rescheduled by Mr. Cendali, with the original appointment being scheduled to take place on May 4, 2006.

By way of history, Mr. Cendali injured the same toe on his left foot on two (2) separate occasions, February 6, 2003 and November 20, 2003. Our office represents the defendants, St. Paul Mercury Insurance Company, for the November 20, 2003 accepted injury to applicant's left foot.

Enclosed is a copy of our entire medical file to date.

BACKGROUND INFORMATION/MEDICALS:

A. February 6, 2003 Claim:

The applicant treated primarily with Dr. Romano at US Healthworks, as well as Dr. Serocki. Dr. Serocki issued a March 21, 2003 permanent and stationary PTP report releasing the

SANTA ANA-ORANGE
(714) 538-3751 FAX (714) 973-4736

RIVERSIDE
(951) 276-8750 FAX (951) 276-8392

NEVADA
(702) 474-4856 FAX (702) 474-4857

LOS ANGELES
(323) 525-3170 FAX (323) 525-3180

REDDING
(530) 246-9061 FAX (530) 246-0781

SAN FRANCISCO
(415) 246-1440 FAX (415) 246-1441

SAN DIEGO-CIVIL
(619) 718-9790 FAX (619) 718-9797

HAWAII
(808) 513-5518 FAX (808) 513-7924

FRESNO
(559) 243-4390 FAX (559) 243-4399

POMONA
(909) 623-9066 FAX (909) 623-9936

SACRAMENTO
(916) 419-6662 FAX (916) 419-6663

GROVER BEACH
(805) 786-4050 FAX (805) 786-0131

PETALUMA
(707) 766-1525 FAX (707) 766-2592

SANTA BARBARA
(805) 565-2050 FAX (805) 565-2069

SALINAS
(831) 444-7736 FAX (831) 444-7746

PASO ROBLES
(805) 239-8863 FAX (805) 239-5621

PAGE 1 of 2

SUMMURARY OF PROSECUTION CHARGES,

Count 1. Charge, Gov 12926.1 (e) & Civil Code 54 (b) (1) (c)

The willful failure knowing the legislature affirms the importance of the interactive process between the injured worker and the employer in determining a reasonable accommodation, as this requirement has been articulated by the Equal Employment Opportunity Commission in its interpretive guidance of the American with Disabilities Act of 1990.

(NOTE) The complaint whit the DEFH claim indicates to also charge whit the EEOC Mr Cendali, was not a where there suppost to be filed automaticly, EEOC & DEFH.

Count 2. Charge Civil Code 51.

(a) This section shall be known, and may be cited, as the Unruh Civil Rights Act.

All persons within the jurisdiction of this state are free and equal, and no matter what there Disav are entitled to the full and equal accommodations, advantages, facilities, privileges, services in all business establishments of every kind whatsoever.

(c) This section shall not be construed to confer any right, privilege on a person that is condition limitrd by law that is applicable alike to persons of every disavility.

(e) For porposes of this section: (1) (f)

Count 3. Charge Any person who alters or mofifies the medical record of any person, with fraudul Intent, & who, with fraudulent intent, creates any false medical recored is subject to Criminal & C penaltys.

Trex Enterprises Corp 401 (K) Savings Plan, Summary Plan Description, Binds all Participants Employers, former Emplotees, and their Beneficiaries.

Unum Life Insurance of America, Income Protection Claim Form binds the employer & the physio including the employee.

PAGE 2 of 2

Count 4. Charge Any person who alters or modifies the medical record of any person, with fraudulent intent, & who, with fraudulent intent, creates any false medical record is subject to Criminal penalties.

Count 5..

Enforcing the unum life insurance of america portability policy contract.

INVESTIGATING AGENCY, The Department of Employment Fair & Housing.

Superciding Notification right to sue notice, Notice right to sue letter

Master remedies provided for violations of california civil code 51, 54, Intitles Mr Cendali jr to recover for each offence for the actual damages and any amount as may be determined by jury, or the court sitting without a jury, up to a maximum of three times the amount of actual damages but in no case less than one thousand dollars (\$1,000).

I Certify, that changes have been made & additional Information is included & I declare under oath of perjury under the law of the state of california that the foregoing is true & correct of perjury under the law of the state of california that the foregoing is true & correct executed on 8-24-2007 at San Diego, California.



PLAINTIFF AMOS CENDALI JR

DATE 8-24-2007

PAGE 1 of 2

SUMMURARY OF PROSECUTION CHARGES.

Count 1. Charge, Gov 12926.1 (e) & Civil Code 54 (b) (1) (c)

The willful failure knowing the legislature affirms the importance of the interactive process between the injured worker and the employer in determining a reasonable accommodation, as this requirement has been articulated by the Equal Employment Opportunity Commission in its interpretive guidance of the American with Disabilities Act of 1990.

(NOTE) The complaint whit the DEFH claim indicates to also charge whit the EEOC Mr Cendali . was not a where there suppost to be filed automaticly, EEOC & DEFH.

Count 2. Charge Civil Code 51.

(a) This section shall be known, and may be cited, as the Unruh Civil Rights Act.

All persons within the jurisdiction of this state are free and equal, and no matter what there Disav are entitled to the full and equal accommodations, advantages, facilities, privileges, services in all business establishments of every kind whatsoever.

(c) This section shall not be construed to confer any right, privilege on a person that is condition limitrd by law that is applicable alike to persons of every disavility.

(e) For porposes of this section: (1) (f)

Count 3. Charge Any person who alters or mofifies the medical record of any person, with fraudulk Intent, & who, with fraudulent intent, creates any false medical recored is subject to Criminal & C penaltys.

Trex Enterprises Corp 401 (K) Savings Plan, Summary Plan Description, Binds all Participants Employers, former Emplotees, and their Beneficiaries.

Unum Life Insurance of America, Income Protection Claim Form binds the employer & the physic including the employee.

Count 4. Charge Any person who alters or modifies the medical record of any person, with fraudulent intent, & who, with fraudulent intent, creates any false medical record is subject to Criminal & Civil penalties.

Count 5..

Enforcing the unum life insurance of america portability policy contract.

INVESTIGATING AGENCY, The Department of Employment Fair & Housing.

Superciding Notification right to sue notice, Notice right to sue letter
Master remedies provided for violations of california civil code 51, 54, Intitles Mr Cendali jr
to recover for each offence for the actual damages and any amount as may be
determined by jury, or the court sitting without a jury, up to a maximum of three times the amount
of actual damages but in no case less than one thousand dollars (\$1,000).

I Certify, that changes have been made & additional information is included & I declare under penalty
of perjury under the law of the state of california that the foregoing is true & correct
of perjury under the law of the state of california that the foregoing is true & correct

Executed on 12-12-2007 at San Diego, California.



PLAINTIFF AMOS CENDALI JR

DATE 12-12-2007

1 Amos Cendali Jr
2 1112 Portola Av
3 Spring valley CA 91977
4 (619) 469-6045
5 Attorney, Propia Persona.
6

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 OF THE COUNTY OF SAN DIEGO
9

10 AMOS CENDALI JR
11 PLAINTIFF

12 vs
13

14 TREX ENTERPRISES CORP
15 DEFENDANT
16

Title, Right to sue for Disavility Discrimination
DEFH, E200405D0384-00-p
Case No. GIC867339
Complaint filled June 12 2006
Assiggned to The Hon Jeffrey B. Barton.
Date. 12-12-2007 Trial (Y)

17 TRANSFER APPLICATION.

18 COURT FILE VOLUME I & VOLUME II
19 IN THE MATTER OF
20 CENDALI JR vs TREX ENTERPRISES CORP
21 A60534
22

23 NOTICE, San Diego County Superior Court 330 West Broadway SD 92101 Honorable Jeffrey
24 Barton, Trex Enterprises Corp 10455 Pacific Center Court, San Diego CA 92121, (858) 646-5
25 Sheppard Mullin Richter & Hampton LLP, Attorneys at Law, 501 West Broadway 19th floor
26 San Diego CA 92101, (619) 338-6500
27 United States District Court, Southern District Of Californi, a Office Of The Clerk, Edward J.
28 Federal Building, 880 Front St, Room 4290. San Diego Cal 92101- 8900
29 W Samuel Hamrick Jr . Clerk of Court (519) 557-5600 Fax (619) 702-9900

Amos Cendali Jr request to Honorable Judge Jeffrey B. Barton Dep 69 to grant the removal and transfer the original court file.

Complaint Filed: June 12, 2006 Volume I & II In The Matter of (Cendali Jr vs Trex Enter-r5ses Corp, Case No. GIC867339 A60534

to
United States District Court, Southern District Of Californi, a Office Of The Clerk Edward J. Schartz Federal Building, 880 Front St, Room 4290. San Diego Cal 92101 W Samuel Hamrick Jr . Clerk of Court (519) 557-5600 Fax (619) 702-9900 Fed Civil Dep.

The Superior Court Civil Dep 69 Honorable Judge Jeffrey B. Barton Dep 69 the removal, transfer must indicate whether the action remains part of the coordination . proceedings Transmission of papers

UNAUTHORIZED REMOVAL OF FILES FROM JURISDICTION OF CLERK OF THE SUPERIOR COURT (CLERKS OFFICE) IS A FELONY.
(GOVT CODE 6200, 6201)

Respecfully submitted


Plaintiff, Amos Cendali jr

Date. 12-12-2007

1 Amos Cendali Jr
2 1112 Portola Av
3 Spring valley CA 91977
4 (619) 469-6045
5 Attorney, Propia Persona.
6

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 OF THE COUNTY OF SAN DIEGO
9

10 AMOS CENDALI JR
11 PLAINTIFF
12
13 vs
14 TREX ENTERPRISES CORP
15 DEFENDANT
16

Title, Right to sue for Disavility Discrimination.

DEFH, E200405D0384-00-p

MOTION TO PROSECUTE

WILLFULY COMMITTING VIOLATION

OF PUBLIC POLICY, 51 & 54.

Case No. GIC867339

Assiggned to The Hon Jeffrey B. Barton.

Complaint filled June 12 2006

Trial by Jury (Y) Jury Dep Lien. (Y)

Trial Date. ?

20
21 **PROOF OF SERVICE**
22
23
24
25
26
27
28

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF SAN DIEGO

On 12-12-2007 , I Amos Cendali Jr filed & served the following documents described as

TRANSFER APPLICATION, COURT FILE VOLUME I & VOLUME II

IN THE MATTER OF CENDALI JR vs TREX ENTERPRISES CORP

A60534, CASE No. GIC867339. on the interested party(ies) in this action

by placing true copies thereof enclosed in sealed envelopes & or packages

addressed as follows:

Superior Court of Cal, County of SD, Hall of Justice 330 West Broadway SD CA 92112

Trex Enterprises Corp 10455 Pacific Center Crt, SD CA 92121

Sheppard, Mullin, Richter & Hampton LLP, 501 West Broadway 19th F, SD CA 92101.

United States District Court, Southern District Of Californi, a Office Of The Clerk, Edward

Federal Building, 880 Front St, Room 4290. San Diego Cal 92101- 8900

W Samuel Hamrick Jr . Clerk of Court (519) 557-5600 Fax (619) 702-9900

- ☐ **BY MAIL:** I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at San Diego, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.
- ☐ **BY OVERNIGHT DELIVERY:** I served such envelope or package to be delivered on the same day to an authorized courier or driver authorized by the overnight service carrier to receive documents, in an envelope or package designated by the overnight service carrier.
- ☐ **BY HAND DELIVERY:** I caused such envelope(s) to be delivered by hand to the office of the addressee(s).
- ☐ **STATE:** I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



Amos Cendali Jr

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

Cendali Jr Amos A.

DEFENDANTS

07 DEC 23 PM 12:28 LAB NLS

CLERK, U.S. DISTRICT COURT
County of Residence of First Listed Defendant: San Diego
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE
LAND INVOLVED. THE DEPUTY

Attorneys (If Known)

(b) County of Residence of First Listed Plaintiff San Diego
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

PRO SE, Amos Cendali Jr, US Address 1112 Portola Av, Spring Valley
CA 91977. (619) 469-6045 & TIJUANA B.C. 6-60-70-86

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input checked="" type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition			

V. ORIGIN

(Place an "X" in One Box Only)

- ☐ 1 Original Proceeding
- ☒ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation
- ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing. (Do not cite jurisdictional statutes unless diversity.)

U.S.C. 42 1021 EMPLOYER INTERACTIVE DETERMINATION ON ACCOMMODATING D INJURED W.

Brief description of cause:
Protecting & asserting Amos Cendali Jr Civil Rights & Enforcing Insurance Portability Benefit Contract.

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

1,000,00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE Sup Court Civil Hon Jeffrey B. Barton

DOCKET NUMBER A60534

DATE

SIGNATURE OF ATTORNEY OF RECORD

X 12-11-2007

Amos Cendali Jr

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. ~~If you have any questions about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.~~

XII. Services and Fees

Fees and expenses charged under your Account will impact your retirement savings, and fall into three basic categories. *Investment fees* are generally assessed as a percentage of assets invested, and are deducted directly from your investment returns. Investment fees can be in the form of sales charges, loads, commissions, 12b-1 fees, or management fees. You can obtain more information about such fees from the documents (e.g., a prospectus) that describe the investments available under your Plan and from Appendix A: Investment Options. *Plan administration fees* cover the day-to-day expenses of your Plan for recordkeeping, accounting, legal and trustee services, as well as additional services that may be available under your Plan, such as daily valuation, telephone response systems, internet access to plan information, retirement planning tools, and educational materials. In some cases, these costs are covered by investment fees that are deducted directly from investment returns. In other cases, these administrative fees are either paid directly by your Employer, or are passed through to the participants in the Plan, in which case a recordkeeping fee will be deducted from your Account. *Transaction-based fees* are associated with optional services offered under your Plan, and are charged directly to your Account if you take advantage of a particular plan feature that may be available, such as a Plan loan. For more information on fees associated with your Account, refer to your quarterly Account statement or speak with your Plan Administrator.

denial, the pertinent reference to the provisions of the Plan, a description of additional material or information required and why it is required, and information about the steps that must be taken to submit a request for review.

2. Review Procedures

You or your Beneficiary may appeal the denial of your claim within 60 days after the date which you receive a denied claim. If you wish further consideration of your claim, you must file a written request for review with the Plan Administrator and include any pertinent documentation. The Plan Administrator shall make a decision on your claim and will notify you in writing within 60 days after receipt or within 120 days if there are special circumstances that may require an extension of time to process the request. If a decision on review is not made then the claim will be considered denied.

B. Statement of ERISA Rights

As a Participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan Participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this Summary Annual Report each year.
- Obtain a statement telling you whether you have a right to receive a benefit under the plan at normal retirement age (age 65) and if so, what your benefits would be at normal retirement age if you stop working under the Plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once every twelve (12) months. The Plan must provide the statement free of charge.

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you, other Plan Participants and Beneficiaries. No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

If your claim for a pension benefit under the Plan is denied, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you